

# FSSA Division of Aging Operations Manual (Revised 4/10/2006)

FSSA DIVISION OF AGING

January, 2005

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2<sup>nd</sup> Revision 7/01/05

3<sup>rd</sup> Revision 4/10/06

# Table of Contents

ADDITIONS, REVISIONS AND CORRECTIONS

ACRONYMS

GLOSSARY

FEDERAL AND STATE LAW DIRECTIVE

AMERICANS WITH DISABILITIES ACT DIRECTIVE

## SECTION 1

1000 INTRODUCTION - OPERATIONS MANUAL; PURPOSE, DESIGN, USE, AVAILABILITY AND DISTRIBUTION

**1001 ESTABLISHMENT OF THE FSSA DIVISION OF AGING**

**1002 ORGANIZATION AND STAFFING OF THE FSSA DIVISION OF AGING**

## SECTION 2

**2000 ADMINISTRATIVE AREAS OF RESPONSIBILITY OF THE FSSA AGING AND IN-HOME SERVICES NETWORK - MISSION AND DUTIES OF THE FSSA DIVISION OF AGING (FSSA DA)**

**2001 PERFORM AS THE STATE LEADER IN ALL AGING ISSUES**

**2002 IMPLEMENT ADVOCACY POLICIES**

**2003 DESIGNATE A PLANNING AND SERVICE AREA(PSA)**

**2004 DESIGNATE AN AREA AGENCY ON AGING (AAA)**

**2005 DEVELOP THE INTRASTATE FUNDING FORMULA**

**2006 GIVE PREFERENCE TO OLDER ADULTS WITH THE GREATEST NEED**

**2007 MONITOR THE AREA AGENCIES ON AGING**

**2008 ASSURE THE REQUIREMENT OF OUTREACH EFFORTS**

**2009 COORDINATE SERVICES WITH AREA AGENCIES ON AGING**

**2010 ASSURE THE QUALITY OF SERVICES**

**2011 TAKE INTO ACCOUNT THE VIEWS OF OLDER ADULTS**

**2012 NEEDS ASSESSMENT**

**2013 OLDER ADULTS WITH SEVERE DISABILITIES**

**2014 DEVELOP AND IMPLEMENT THE STATE PLAN**

**2015 STATE PLAN AMENDMENTS**

**2016 CONTACT INFORMATION FOR THE FSSA DIVISION OF AGING**

**2017 MISSION OF THE AREA AGENCY ON AGING**

**2018 ADVISORY COUNCIL**

**2019 OTHER ADVISORY BODIES**

**2019.1 Indiana Commission on Aging**

**2019.2 Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Board**

**2019.3 Alzheimer's Disease and Related Senile Dementia Task Force**

- 2019.4 Money Management Program Advisory Council
- 2020 CONTACT INFORMATION FOR THE 16 AREA AGENCIES ON AGING  
CHART 1
- 2021 MAP OF THE 16 PLANNING AND SERVICE AREAS  
CHART 2
- 2022 AREA PLAN ON AGING
  - 2022.1 Direct Provision of Services
  - 2022.2 Submission of the Area Plan
  - 2022.3 AAA Policy Regarding Direct Provision of Services
  - 2022.4 Area Plans and Public Hearings
- 2023 CONFLICT OF INTEREST  
CHART 3
  - 2023.1 Conflict of Interest Rules
- 2024 NEPOTISM
- 2025 ACCEPTANCE OF GIFTS
- 2026 CONFIDENTIALITY
- 2027 COORDINATION
- 2028 DIRECT DELIVERY OF SERVICES
- 2029 INFORMATION SHARING
- 2030 MARKETING MATERIALS
- 2031 RETENTION OF RESOURCE RECORDS
- 2032 GOVERNOR'S CONFERENCE ON AGING
- 2033 INDIANA STATE FAIR
- 2034 MONITORING AND ASSESSMENT
  - 2034.1 Monitoring Visit to the AAA
  - 2034.2 Monitoring and Assessment Regarding the Americans with Disabilities Act (ADA)
- 2035 NEEDS ASSESSMENT
- 2036 PRIORITY SERVICES
- 2037 REPORTING REQUIREMENTS
- 2038 TARGET POPULATIONS

### **SECTION 3**

- 3000 HEARINGS AND APPEALS PROCESS  
(INCLUDING WITHDRAWAL AND DE-DESIGNATION PROCEDURES OF  
AREA AGENCIES ON AGING AND PLANNING AND SERVICE AREAS)
- 3000 PUBLIC HEARINGS
  - 3000.1 The **FSSA DA** Procedure Regarding Public Hearings
  - 3000.2 Additional **FSSA DA** Actions that Require Public Hearings
  - 3000.3 Appeal Process
- 3001 The **FSSA DA** Policy and Procedure Regarding the Withdrawal of an AAA  
Designation
  - 3001.1 Reasons for Withdrawal of the Designation of an Area Agency on  
Aging (AAA)
  - 3001.2 The **FSSA DA** Preparation for the Withdrawal of the Designation

- of an AAA
  - 3001.3 Withdrawal of an AAA Designation
  - 3001.4 Administrative Review
  - 3001.5 Appeals to the Assistant Secretary of the Administration on Aging
  - 3001.6 Continuity of the Functions of the AAA within the PSA
- 3002 THE **FSSA DA** DESIGNATION OF AN ADDITIONAL PLANNING AND SERVICE AREA (PSA)
  - 3002.1 Appeal Procedure Regarding the Designation of an Additional PSA or Change or Revision of the Boundaries of an Existing PSA
- 3003 The **FSSA DA** APPEALS PROCESS REGARDING AN ADVERSE ACTION OTHER THAN THE WITHDRAWAL OF THE DESIGNATION OF AN AAA OR THE ADDITION OR CHANGE OF THE BOUNDARIES OF A PSA
  - 3003.1 Step 1: Documentation
  - 3003.2 Step 2: Informal Review with the **FSSA DA**
  - 3003.3 Step 3: Public Hearing
  - 3003.4 Step 4: Administrative Review
- 3004 INVOLVEMENT OF AAAs, SERVICE PROVIDERS, OLDER ADULTS, AND PERSONS WITH DISABILITIES
- 3005 FSSA DA APPEALS CHART
- 3006 CLIENT/APPLICANT APPEALS
  - 3006.1 Notification of Client Rights
  - 3006.2 Procedure for Providing Written Notice of Client Rights
  - 3006.3 FSSA DA Procedure Regarding Appeals and Hearings<sup>1</sup>
- 3007 THE **FSSA DA** APPEAL POLICY AND PROCEDURE FOR CLIENTS/APPLICANTS APPLYING FOR OR RECEIVING SERVICES FOR SSBG, CHOICE, AND TITLE III (EXCLUDING IPAS AND PASRR)
  - 3007.1 Step 1: Informal Review with the Case Manager, the Case Manager Supervisor, and/or an Appropriate Representative
  - 3007.2 Step 2: Agency Review
  - 3007.3 Step 3: Administrative Hearing
  - 3007.4 Assistance Available to a Client/Applicant during the Appeal Process
  - 3007.5 Requests for Reconsideration and Appeal of Adverse Action
- 3008 RIGHTS OF CLIENTS/APPLICANTS APPLYING FOR OR RECEIVING IPAS OR PASRR
  - 3008.1 Process to Request Reconsideration of an Adverse Action
  - 3008.2 Appeal Procedure for Clients/Applicants Applying For or Receiving IPAS or PASRR Services
  - 3008.3 Appeal Procedure for Title III Service Providers
  - 3008.4 Appeal Process for Service Providers
    - 3008.4.1 Step 1: Informal Review with the AAA
    - 3008.4.2 Step 2: Agency Review
    - 3008.4.3 Step 3: Appeal Hearings at the State Level

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<sup>1</sup> Added 5/13/05

For appeal process for individuals applying for or receiving services funded by the Medicaid Home and Community-Based Waiver Program, please refer to the appropriate Medicaid Waiver document.

## **SECTION 4**

### **4000 SERVICE DEFINITIONS**

#### **4001 ADAPTIVE AIDS AND DEVICES**

- 4001.1 Allowable Adaptive Aids and Devices
- 4001.2 Adaptive Aids and Devices Not Allowed
- 4001.3 Funding Sources for Adaptive Aids and Devices
- 4001.4 The **FSSA DA** Policy and Procedures Regarding Adaptive Aids and Devices
- 4001.5 AAA Policy and Procedures Concerning Adaptive Aids and Devices
- 4001.6 Service Provider Responsibilities Concerning Adaptive Aids and Devices
- 4001.7 Unit of Service

#### **4002 OTHER SERVICES FUNDED BY CHOICE**

- 4002.1 Services Not Allowed
- 4002.2 Funding Sources for Other Services
- 4002.3 The FSSA DA Policy and Procedures Regarding Other Services
- 4002.4 AAA Policy and Procedures Concerning Other Services
- 4002.5 Service Provider Responsibilities Specific to CHOICE Funding
- 4002.6 Unit of Service

#### **4003 ADULT DAY SERVICES**

- 4003.1 Allowable Activities
- 4003.2 Activities Not Allowed
- 4003.3 Funding Sources Administered by the **FSSA DA** for Adult Day Care Services
- 4003.4 The **FSSA DA** Policy and Procedures Regarding Adult Day Care Services Providers
- 4003.5 AAA Policy and Procedures Regarding Adult Day Care Services
- 4003.6 Service Provider Responsibilities Concerning Adult Day Care Services
- 4003.7 Day Care Meal
- 4003.8 Day Care Transportation
- 4003.9 Unit of Service

#### **4004 ADULT GUARDIANSHIP SERVICES**

- 4004.1 Funding Sources
- 4004.2 The **FSSA DA** Policy and Procedures Regarding Guardianship Services
- 4004.3 Service Provider Responsibilities Concerning Adult Guardianship Services
- 4004.4 Allowable Adult Guardianship Services
- 4004.5 Activities Not Allowed

#### **4005 ADULT PROTECTIVE SERVICES**

- 4005.1 Definition of Endangered Adult
- 4005.2 Exceptions to Definition of Endangered Adult
- 4005.3 Allowable Activities
- 4005.4 Funding Sources for Adult Protective Custody
- 4005.5 Unit of Service
- 4006 ALZHEIMER'S DISEASE AND RELATED SENILE DEMENTIA (AD/RSD) PROGRAMS
  - 4006.1 Funding Sources for AD/RSD
  - 4006.2 The **FSSA DA** Policy Regarding AD/RSD Services
  - 4006.3 The **FSSA DA** Procedures Regarding Alzheimer's/Dementia Special Care Unit Disclosure Form (State Form 48896)
  - 4006.4 Consultation
  - 4006.5 Service Provider Responsibilities and Procedures Regarding AD/RSD Services
- 4007 ATTENDANT CARE SERVICES
  - 4007.1 Allowable Activities
  - 4007.2 Activities Not Allowed
  - 4007.3 Funding Sources for Attendant Care Services
  - 4007.4 The **FSSA DA** Policy and Procedures Regarding Attendant Care Services
  - 4007.5 AAA Policy and Procedures Regarding Attendant Care Services
  - 4007.6 Service Provider Responsibilities Concerning Attendant Care Services
  - 4007.7 Unit of Service
- 4008 CASE MANAGEMENT SERVICES
  - 4008.1 Independent Case Managers**
  - 4008.2 Case Management Allowable Activities
  - 4008.3 Services Not Allowed Under Case Management
    - 4008.3.1 Services Not Allowed to be Supplied by Independent Case Managers**
    - 4008.3.2 Entities Not Allowed to Conduct Case Management Services
  - 4008.4 Funding Sources for Case Management Services
  - 4008.5 The **FSSA DA** Policy and Procedures Regarding Case Management Services
  - 4008.6 AAA Policy and Procedures Regarding Case Management Services
  - 4008.7 Case Manager Qualifications
    - 4008.7.1 Minimum Qualifications for Individual Case Managers
  - 4008.8 The **FSSA DA** Policy and Procedures Regarding Certification of Case Managers
  - 4008.9 The **FSSA DA** Policy and Procedures De-certification Procedures for Case Managers Employed by AAA or by Independent Case Management Agencies
  - 4008.10 AAA Policy and Procedures Concerning Certification of Case Managers

- 4008.11 AAA Policy and Procedures Concerning De-certification of Case Managers
- 4008.12 Service Standards for Case Management Services
  - 4008.12.1 Information Concerning an Older Adult or Person With a Disability
- 4008.13 Unit of Service
- 4009 CONTINUING EDUCATION SERVICES
  - 4009.1 Funding Sources for Continuing Education Services
  - 4009.2 The **FSSA DA** Policy and Procedures Regarding Continuing Education Services
  - 4009.3 The AAA Policy and Procedures Regarding Continuing Education Services
- 4010 DISEASE PREVENTION AD HEALTH PROMOTION SERVICES**
  - 4010.1 Target Population**
  - 4010.2 Funding Sources**
  - 4010.3 Allowable Disease Prevention and Health Promotion Services Activities**
  - 4010.4 Unit of Service**
- 4011 FAMILY CAREGIVER SUPPORT PROGRAM
  - 4011.1 Funding Sources for the Family Caregiver Support Program
  - 4011.2 Populations Served by the Family Caregiver Support Program
  - 4011.3 Access Assistance
  - 4011.4 Information for Caregivers
  - 4011.5 Counseling
  - 4011.6 Respite
  - 4011.7 Supplemental Services
  - 4011.8 The **FSSA DA** Policy Regarding the Family Caregiver Support Program
  - 4011.9 The **FSSA DA** Procedures Regarding the Family Caregiver Support Program
  - 4011.10 AAA Policy and Procedures Regarding the Family Caregiver Support Program
  - 4011.11 Reports
  - 4011.12 Unit of Service
- 4012 HOME HEALTH SERVICES
  - 4012.1 Allowable Home Health Services
  - 4012.2 Home Health Services Not Allowed
  - 4012.3 Funding Sources for Home Health Services
  - 4012.4 The **FSSA DA** Policy and Procedures Regarding Home Health Services
  - 4012.5 AAA Policy and Procedures Concerning Home Health Services
  - 4012.6 Service Provider Responsibilities Concerning Home Health Services
  - 4012.7 Unit of Service
- 4013 HOMEMAKER SERVICES
  - 4013.1 Allowable Homemaker Services

- 4013.2 Activities Not Allowed
- 4013.3 Funding Sources for Homemaker Services
- 4013.4 **FSSA DA** Policy and Procedures Regarding Homemaker Services
- 4013.5 AAA Policy and Procedures Concerning Homemaker Services
- 4013.6 Service Provider Responsibilities Concerning Homemaker Services
- 4013.7 Unit of Service
- 4014 HOME REPAIR/MAINTENANCE SERVICES
  - 4014.1 Allowable Home Repair/Maintenance Activities
  - 4014.2 Activities Not Allowed
  - 4014.3 Funding Sources for Home Repair/Maintenance Services
  - 4014.4 The **FSSA DA** Policy and Procedures Regarding Home Repair/ Maintenance Services
  - 4014.5 AAA Policy and Procedures Regarding Home Repair/ Maintenance Services
  - 4014.6 Service Provider Responsibilities Concerning Home Repair/ Maintenance Services
  - 4014.7 Unit of Service
- 4015 INDIANA PRE-ADMISSION SCREENING PROGRAM (IPAS)
  - 4015.1 Funding for Indiana's Pre-Admission Screening Program
  - 4015.2 Eligibility Requirements for Indiana's Pre-Admission Screening Program
  - 4015.3 The **FSSA DA** Policy and Procedures Regarding Indiana's Pre-Admission Screening Program
  - 4015.4 AAA Duties Regarding Indiana's Pre-Admission Screening Program
  - 4015.5 AAA Procedures Concerning Indiana's Pre-Admission Screening Program
  - 4015.6 IPAS Final Determination
  - 4015.7 Appeals and Fair Hearings
- 4016 INFORMATION AND ASSISTANCE SERVICES (I&A)
  - 4016.1 Allowable Information and Assistance Services Activities
  - 4016.2 Funding Sources for Information and Assistance Services
  - 4016.3 The **FSSA DA** Policy and Procedures Regarding Information and Assistance Services
  - 4016.4 AAA Policy and Procedures Regarding Information and Assistance Services
  - 4016.5 Unit of Service
- 4017 LEGAL ASSISTANCE SERVICES
  - 4017.1 Allowable Legal Assistance Activities
  - 4017.2 Activities Not Allowed
  - 4017.3 Funding Sources for Legal Assistance Services
  - 4017.4 The **FSSA DA** Policy and Procedures Regarding Legal Assistance Services
  - 4017.5 AAA Policy and Procedures Concerning Legal Assistance

- Services
- 4017.6 Service Provider Procedures
- 4018 ENVIRONMENTAL MODIFICATIONS SERVICES
  - 4018.1 Allowable Environmental Modifications Services
  - 4018.2 Activities Not Allowed
  - 4018.3 Funding Sources for Environmental Modifications Services
  - 4018.4 The **FSSA DA** Policy and Procedures Regarding Environmental Modifications Services
  - 4018.5 AAA and Case Manager Policy and Procedures Regarding Environmental Modifications Services
  - 4018.6 Documentation Standards
  - 4018.7 Provider Qualifications
  - 4018.8 Unit of Service
- 4019 MONEY MANAGEMENT SERVICES PROGRAM
  - 4019.1 Activities of the Money Management Program
  - 4019.2 Representative Payee
  - 4019.3 Bill Payer
  - 4019.4 Bill Payer Monitor
  - 4019.5 Activities Not Allowed
  - 4019.6 Money Management Services Program Safeguards
  - 4019.7 Reporting
  - 4019.8 Program Size
  - 4019.9 Income and Liquid Assets
  - 4019.10 Funding Sources for the Money Management Services Program
  - 4019.11 Local Sponsor Eligibility
  - 4019.12 Recommendations for Assisting Clients Above the Income and Asset Limits
  - 4019.13 The **FSSA DA** Policy Regarding the Money Management Services Program
  - 4019.14 State Advisory Council
  - 4019.15 AARP/National Sponsor Procedures
  - 4019.16 The **FSSA DA** Procedures Regarding the Money Management Services Program
  - 4019.17 The **FSSA DA** Procedures Regarding Monitoring of the Money Management Services Program
  - 4019.18 Local Sponsor Responsibilities Regarding Money Management Services
- 4020 LONG TERM CARE OMBUDSMAN
  - 4020.1 Allowable Activities
  - 4020.2 Unit of Service
- 4021 OUTREACH SERVICES
  - 4021.1 Allowable Outreach Services
  - 4021.2 Funding Sources for Outreach Services
  - 4021.3 The **FSSA DA** Policy and Procedures Regarding Outreach Services
  - 4021.4 AAA Policy and Procedures Concerning Outreach Services

- 4021.5 Unit of Service
- 4022 PERSONAL ASSISTANCE SERVICES (Funded by Medicaid Waiver Only)
- 4023 PRE-ADMISSION SCREENING/RESIDENT REVIEW (PASRR)
  - 4023.1 Funding Sources for PASRR
  - 4023.2 Eligibility and Participation Requirements for PASRR
  - 4023.3 Participation in the IPAS Program
  - 4023.4 Determination of Criteria
    - 4023.4.1 Level I
    - 4023.4.2 Level II
  - 4023.5 PASRR -Two Part Program
    - 4023.5.1 Pre-admission Screening
    - 4023.5.2 Resident Review
  - 4023.6 Responsible Entities in the Assessment Process
  - 4023.7 PASRR Final Determination
  - 4023.8 Appeals and Fair Hearings
- 4024 RCAP (**MOVED TO SECTION 11**)
- 4025 RESPITE CARE
  - 4025.1 Allowable Services Covered Under Respite Care Services
  - 4025.2 Activities Not Allowed
  - 4025.3 Funding Sources for Respite Care Services
  - 4025.4 The **FSSA DA** Policy and Procedures Regarding Respite Care Services
  - 4025.5 AAA Policy and Procedures Concerning Respite Care Services
  - 4025.6 Service Provider Responsibilities Concerning Respite Care Services
  - 4025.7 Unit of Service
- 4026 SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM  
(See Section 9)
- 4027 SENIOR CENTERS
  - 4027.1 Allowable Activities
  - 4027.2 Activities Not Allowed
  - 4027.3 Funding Sources Specific for Senior Centers
  - 4027.4 The **FSSA DA** Policy and Procedures Regarding Senior Centers
  - 4027.5 AAA Policy and Procedures Regarding Senior Centers and Focal Points
- 4028 THERAPY SERVICES
  - 4028.1 Allowable Therapy Service Activities
  - 4028.2 Funding Sources for Therapy Services
  - 4028.3 The **FSSA DA** Policy and Procedures Regarding Therapy Services
  - 4028.4 AAA Policy and Procedures Concerning Therapy Services
  - 4028.5 Service Provider Procedures Concerning Therapy Services
  - 4028.6 Unit of Service
- 4029 TRANSPORTATION SERVICES
  - 4029.1 Allowable Transportation Services
  - 4029.2 Activities Not Allowed

- 4029.3 Funding Sources Specific for Transportation Services
- 4029.4 The **FSSA DA** Policy and Procedures Regarding Transportation Services
- 4029.5 AAA Policy and Procedures Regarding Transportation Services
- 4029.6 Documentation **and Service** Standards
- 4029.7 Service Provider Procedures Regarding Transportation Services
- 4030 VOLUNTEER SERVICES
  - 4030.1 Funding Services for Volunteer Services
  - 4030.2 The **FSSA DA** Policy and Procedures Regarding Volunteer Services
  - 4030.3 AAA Policy and Procedures Concerning Volunteer Services
- 4031 REQUESTS FOR AUTHORIZATION OF SERVICES (RFA)
  - 4031.1 AAA Procedures Regarding Request for Authorization of Services
  - 4031.2 The **FSSA DA** Procedure Regarding the Request for Authorization of Services
- 4032 TRANSFER OF CLIENTS
  - 4032.1 AAA Procedures Regarding Transfer of Clients

## **SECTION 5**

- 5000 FUNDING SOURCES AND ELIGIBILITY REQUIREMENTS
- 5001 THE OLDER AMERICANS ACT OF 1965, AS AMENDED
  - 5001.1 Title I: Declaration of Objectives
  - 5001.2 Title II: Administration on Aging
  - 5001.3 Title III: Grants for State and Community Programs for Aging
  - 5001.4 Title IV: Training, Research, and Discretionary Projects and Programs (OAA 401-402)
  - 5001.5 Title V: Community Services Employment for Older Americans
  - 5001.6 Title VI: Grants for Native Americans
  - 5001.7 Title VII: Allotments for Vulnerable Elder Rights Protection Activities
  - 5001.8 Title VIII: Native American Programs
  - 5001.9 Responsibility for the Older Americans Act (OAA)
  - 5001.10 Administration on Aging
  - 5001.11 Regional Office of the OAA
- 5002 COMMUNITY AND HOME OPTIONS TO INSTITUTIONAL CARE FOR THE ELDERLY AND DISABLED (CHOICE)
  - 5002.1 Summary of the Indiana Code IC 12-10-10
  - 5002.2 CHOICE Funding Requirements
  - 5002.3 Eligibility Requirements for Choice Funding
  - 5006.4 Financial Eligibility and Cost Share Requirements
- 5003 SOCIAL SERVICE BLOCK GRANT – TITLE XX
  - 5003.1 Eligibility Requirements for SSBG Funding
- 5004 NUTRITION SERVICES INCENTIVE PROGRAM (NSIP) (OAA 311(D)) OF 2000, AS AMENDED

- 5005 GENERAL FUNDING ELIGIBILITY REQUIREMENTS
  - 5005.1 Title III Funding Requirements
    - 5005.1.1 Eligibility Requirements for Title III Funding
  - 5005.2 Title V Funding Requirements (OAA)
    - 5005.2.1 Eligibility Requirements for Title V Funding
    - 5005.2.2 Financial Eligibility for Title V
- 5006 ELIGIBILITY REQUIREMENTS FOR OLDER HOOSIER ACCOUNT FUNDING
  - 5006.1 Eligibility Requirements for Older Hoosier Account Funding
  - 5006.2 Financial Eligibility
- 5007 FISCAL POLICIES AND PROCEDURES APPLICABLE TO THE **FSSA DA** CONTRACTS WITH THE AAA ONLY
  - 5007.1 Funding Accounts
  - 5007.2 Budgets
  - 5007.3 Contracts
  - 5007.4 Allocation of Funds
    - 5007.4.1 Funding Formulas
    - 5007.4.2 AAA Provisions for Expenditures
  - 5007.5 Program and Other Income
    - 5007.5.1 Fees
    - 5007.5.2 Allowable Uses of Program Income
    - 5007.5.3 The **FSSA DA** Procedures Regarding Contributions
    - 5007.5.4 Service Providers Policy and Procedures Regarding Program Income
    - 5007.5.5 In-Kind Contributions
    - 5007.5.6 The **FSSA DA** Procedures Regarding In-Kind Contributions
    - 5007.5.7 AAA Policy and Procedures Regarding In-Kind Contributions
    - 5007.5.8 Service Provider Policy and Procedures Regarding In-Kind Contributions
    - 5007.5.9 Carryover Funds
    - 5007.5.10 Matching Funds
  - 5007.6 Services
- 5008 ADULT PROTECTIVE SERVICES POLICIES AND PROCEDURES APPLICABLE TO THE **FSSA DA** CONTRACTS (2005 COMPLIANCE NEW SECTION)
  - 5008.1 Adult Protective Services Funding Account
  - 5008.2 Adult Protective Services Budgets
  - 5008.3 Adult Protective Services Funding Formula
  - 5008.4 Distribution of Adult Protective Services Funding Formula
    - 5008.4.1 Adult Protective Services Prosecutors Provisions for Expenditures
- 5009 FISCAL POLICIES AND PROCEDURES APPLICABLE TO ALL THE **FSSA DA** CONTRACTS (AAA SPECIFIC)

- 5009.1 Insurance and Bonding
- 5009.2 Procurement
  - 5009.2.1 Procurement Guidelines
  - 5009.2.2 The **FSSA DA** Policy and Procedures Regarding Procurement
  - 5009.2.3 AAA Policy and Procedures Regarding Procurement (Applicable to AAAs Only, not Contracts with Other Providers)
- 5009.3 Equipment
  - 5009.3.1 Equipment Purchases
  - 5009.3.2 Purchase of Vehicles
  - 5009.3.3 Equipment Inventory Records
  - 5009.3.4 Disposal of Property
  - 5009.3.5 Disposal of Vehicles
- 5009.4 Audits
- 5009.5 Claim Reimbursement Policies and Procedures
  - 5009.5.1 How to Fill Out Claim Forms
  - 5009.5.2 Lost Claims Procedures
  - 5009.5.3 Late Claims Procedures

## SECTION 6

- 6000 THE **FSSA DA** DATA MANAGEMENT SYSTEMS
- 6000 DATA MANAGEMENT
- 6001 ADMINISTRATIVE SERVICE UNIT
- 6002 DATA MANAGEMENT UNIT
- 6003 COMPUTER SOFTWARE SYSTEM MANAGEMENT SYSTEM
  - 6003.1 Other Uses for Computer Software Management Systems
  - 6003.2 Reports and Queries
  - 6003.3 Ad-Hoc Requests and Queries
  - 6003.4 Technical Support
  - 6003.5 Software Contractor Liaison
  - 6003.6 EDS/MARS (Electronic Data Services/Management and Report System)
  - 6003.7 Related **FSSA DA** Software Support
- 6004 AAA RESPONSIBILITIES
  - 6004.1 AAA Data Entry Completion Time Frames
  - 6004.2 The Bureau of Information Directory (BID)
  - 6004.3 The **FSSA DA** Website<sup>1</sup>

## SECTION 7

- 7000 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)
- 7000 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) (PC 104-191)

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<sup>1</sup> Added 5-13-05

- 7001 THE **FSSA DA** POLICY AND PROCEDURES REGARDING HIPAA COMPLIANCE
- 7002 HIPAA COMPLIANCE POLICY FOR THE **FSSA DA** INCLUDING SECURING CENTRAL, ELECTRONIC AND INDIVIDUAL FILES (DESKS)
  - 7002.1 Copy Room
  - 7002.2 Fax Machines
  - 7002.3 Copier/Printer
  - 7002.4 Phone/Public Areas
- 7003 DISPOSAL OF PROTECTED HEALTH INFORMATION (PHI)
- 7004 AAA POLICY AND PROCEDURES
- 7005 SERVICE PROVIDERS POLICY AND PROCEDURES

## **SECTION 8**

- 8000 NUTRITION PROGRAM SERVICES
- 8001 RESPONDING TO THE NEEDS OF INDIANA'S OLDER ADULTS
- 8002 FUNDING SOURCES FOR INDIANA'S NUTRITION PROGRAM
- 8003 NATIONAL SERVICE INCENTIVE PROGRAM (NSIP)
  - 8003.1 NSIP Meals
  - 8003.2 Cash or Commodities to Supplement Meals
- 8004 PROGRAM SERVICES ELIGIBILITY
  - 8004.1 Nutrition Services Program Income
  - 8004.2 Voluntary Contributions
  - 8004.3 Cost Sharing and Means Test
  - 8004.4 Client Privacy
- 8005 DIVISION OF AGING POLICY AND PROCEDURES REGARDING NUTRITION SERVICES
  - 8005.1 Monitoring and Assessment
  - 8005.2 Training Activities
- 8006 AAA POLICIES AND PROCEDURES REGARDING NUTRITION SERVICES
  - 8006.1 Congregate and Home Delivered Meals
  - 8006.2 Congregate Meal Sites
    - 8006.2.1 Meal Site Location
    - 8006.2.2 Meal Site Services
    - 8006.2.3 Postings at Meal Sites
    - 8006.2.4 Home Delivered meals
    - 8006.2.5 Meal Delivery
  - 8006.3 Meal Services Requirements
    - 8006.3.1 Meal Frequency and Form
    - 8006.3.2 Meal Planning Requirements
  - 8006.4 **Emergency Meals**
  - 8006.5 Volunteer and Disabled Individual Meals**
  - 8006.6 Restaurant Voucher Meals
  - 8006.7 Requested Information
  - 8006.8 Nutrition Screens

- 8006.9 Nutrition Education Activities
- 8006.10 Nutrition Counseling
- 8006.11 National Program Information System (NAPIS)
  - 8006.11.1 Units of Service (For NAPIS Reporting)
- 8006.12 Provision of Nutrition Services
  - 8006.12.1 AAA and Provider Monitoring
- 8007 SENIORS FARMER'S MARKET NUTRITION PROGRAM (SFMNP)
  - 8007.1 Eligibility for SFMNP

## SECTION 9

- 9000 SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)
- 9001 FUNDING SOURCES
- 9002 RECRUITMENT AND SELECTION OF ELIGIBLE INDIVIDUALS
- 9003 INITIAL ELIGIBILITY REQUIREMENTS
- 9004 BASIC ELIGIBILITY REQUIREMENTS FOR SCSEP
  - 9004.1 Income Inclusions and Exclusions
  - 9004.2 Preference Criteria and Enrollment Priorities
    - 9004.2.1 Definition of a Veteran and Definition of a Spouse of a Veteran
    - 9004.2.2 Definition of Special Consideration Criteria
- 9005 SERVICES AND RESPONSIBILITIES OF THE SUBGRANTEE (AAA)
  - 9005.1 Policy Governing Political Patronage
  - 9005.2 Nepotism
  - 9005.3 One Stop Delivery System
  - 9005.4 Termination of a Participant
    - 9005.4.1 IEP Related Termination (Not Appropriate)
  - 9005.5 Wages
  - 9005.6 Fringe Benefits
  - 9005.7 Participant Activities Not Allowed
- 9006 THE **FSSA DA** POLICY AND PROCEDURES REGARDING SCSEP
  - 9006.1 The **FSSA DA** Coordinator
- 9007 HOST AGENCIES
  - 9007.1 Subgrantees (AAAS) Policy and Procedures Regarding the Host Agencies
  - 9007.2 Unsubsidized Employment
  - 9007.3 Activities and Services Not Allowed
  - 9007.4 Miscellaneous
- 9008 THE ANNUAL AND QUARTERLY REPORTS
  - 9008.1 National Grantee Recommendations Regarding the State Plan for Indiana SCSEP
    - 9008.1.2 Information Included in the State Plan for Indiana SCSEP
  - 9008.2 Equitable Distribution Report (ED)
  - 9008.3 SCSEP Grant Application to the DOL
  - 9008.4 Financial Quarterly Reports to the DOL
  - 9008.5 Close Out Financial Reports to the DOL

- 9009 DOL PERFORMANCE STANDARDS FOR GRANTEES (**FSSA DA**)
  - 9009.1 Indiana Performance Measures for the Program Year
- 9010 PERFORMANCE MEASURES SANCTIONS
- 9011 APPEALS POLICY AND PROCEDURES FOR SCSEP PARTICIPANTS  
(SAME AS FOR CLIENTS)

## **SECTION 10**

### **RESERVED FOR COMMUNITY AND HOME OPTIONS TO INSTITUTIONAL CARE FOR THE ELDERLY AND DISABLED PROGRAM (CHOICE)**

## **SECTION 11**

- 11000 RESIDENTIAL CARE ASSISTANCE PROGRAM (RCAP) - PURPOSE**
- 11001 CLIENT ELIGIBILITY**
  - 11001.1 Financial Eligibility
  - 11001.2 Non-Financial Eligibility
- 11002 THE ROLE OF FSSA DA**
- 11003 CASE PROCESSING**
  - 11003.1 Budgeting
- 11004 PROVIDER INFORMATION**
  - 11004.1 Provider Services
  - 11004.2 Reimbursement
  - 11004.3 Payment for Provider Services
  - 11004.4 Claims Management Process

## **SECTION 12**

- 12000 - MEDICAID NURSING FACILITY LEVEL OF CARE HOME AND**
- 12000 MEDICAID WAIVER**
  - 12000.1 Aged and Disabled Waiver (A&D)
  - 12000.2 Assisted Living
  - 12000.3 Traumatic Brain Injury (TBI)
  - 12000.4 Medically Fragile Children's Waiver (MFC)

## **LISTING OF CHARTS**

### **Part 1**

**Section 2 - CHART 1 - Contact Information for the 16 Area Agencies on Aging**

**Section 2 - CHART 2 - Map of the 16 PSA's**

**Section 2 - CHART 3 - Conflict of Interest Rules**

**Section 3 - CHART 4 - Older Americans Act, Section 305**

**Section 3 - CHART 5 - FSSA DA Appeals Chart**

**Section 3 - CHART 6 - Rights for Frail Older Individuals**

**Section 3 - CHART 7 - AAA Appeal Process**

### **Part 2**

**Section 4 - CHART 8 - Family Caregiver- Report Due Dates**

**Section 4 - CHART 9 - Older Americans Act, 321(a)(3) and 45 CFR 1321.17(f)(8) Information and Assistance**

**Section 4 - CHART 10 - Content of State Plan**

**Section 4 - CHART 11- PASRR Laws**

**Section 5 - CHART 12 - Administration of Programs  
Indiana Code 12-10-1-3**

**Section 5 - CHART 13 - Public Law 89-73**

**Section 5 - CHART 14 - United States Code 42, USC 3030c-2**

**Section 6 - CHART 15 - Illustration of the Data Upload Process**

### **Part 3**

**Section 8 - CHART 16 - Older Americans Act, Section 339(2)(B)**

**Section 8 - CHART 17 - Older Americans Act, Section 315(b)(2)**

**Section 8 - CHART 18 - Older Americans Act, Section 315(b)(i)**

**Section 8 - CHART 19 - Division of Aging Policy Statement Regarding  
Nutrition Services**

**Section 8 - CHART 20 - Older Americans Act, Section 339(2)(G)**

**Section 8 - CHART 21 - Older Americans Act, Section 339(2)(J)**

**Section 9 - CHART 22 - Senior Community Service Employee Program  
Final Rule, April 19, 2004**

**Section 9 - CHART 23 - SCSEP Citations and Codes**

**Section 9 - CHART 24 - Enrollment Priorities**

**Section 9 - CHART 25 - SCSEP Organizational Chart**

**Section 9 - CHART 26 - Tips for Success**

**Section 9 - CHART 27 - Performance Measures**

## **Appendices**

### **APPENDIX I STATE PLAN PROVISIONS**

### **APPENDIX II FSSA DA SERVICE CODES**

### **APPENDIX III NOTIFICATION OF CLIENT RIGHTS**

## **Nutrition Appendices**

### **APPENDIX A Menu Standards**

# FSSA Division of Aging Operations Manual,

## **Additions, Revisions and Corrections**

1. 5/13/05
2. 7/01/05
3. 4/10/06

### **Additions**

#### **1. 5/13/05**

**ADA Compliance Statement**

**Acronyms and Glossary**

BOOK, CMGT, FFY, MOA, SCC, TRVL

**Glossary of Terms**

Authorized Representative

Caterer

**Section 1005 (d)**

**Distribution**

**Section 1014.3**

**AAA Advisory Council**

**Section 3005.1, 3005.2, 3005.3**

**Client/Applicant Appeals**

**Section 4031, 4031.1, 4031.2**

**Request for Authorization of Services (RFA)**

**Section 4032**

**Transfer of Clients**

**Section 6004.3**

**The FSSA DA Website**

**Appendix III**

**Notification of Client Rights**

## **2. 7/01/05**

**Senior Community Service Program (SCSEP)  
Definitions - OJT**

**Section 9005 (i) (1) (A-G) (20 and (3)  
Senior Community Service Program (SCSEP)**

## **3. 4/10/06**

### **Acronyms**

**ACCM, ADRC, CM, DOL, FMV, IEP, IPPM, MAR, MOA, OACSEP, OJT, RSDI, SEP**

### **Glossary of Terms**

**All terms originally defined in *Section 9 - Senior Community Employment Program Definitions* have been moved to *Glossary of Terms***

**Revised-  
Activities of Daily Living (ADLs)**

**Added-  
alternate dessert  
case management  
Centers for Medicare and Medicaid Services  
regular diet  
Medicaid Waiver  
Request for Proposals**

**Also added -  
Section 2034.1  
Monitoring and Assessment Regarding the Americans with Disabilities Act (ADA)**

**Section 4008.1  
Independent Case Managers**

**Section 4008.3.1  
Services Not Allowed to be Supplied by Independent Case Managers  
Section 4008.7.1(c)  
Minimum Qualifications for Individual Case Managers  
Section 4010  
Disease Prevention and Health Promotion Services**

**Section 4010.1  
Target Population**

**Section 4010.2  
Funding Sources**

**Section 4010.3  
Allowable Disease Prevention and Health Promotions Services  
Activities**

**Section 4010.4  
Unit of Service**

**Section 5002.3  
Eligibility Requirements for CHOICE Funding  
(a)(4)**

**Section 10  
Reserved for -  
Community and Home Options to Institutional Care for the Elderly  
and Disabled Program**

**Section 11  
Residential Care Assistance Program (RCAP)**

**Section 12  
Medicaid Waiver**

## **Revisions**

### **1. 5/13/05**

**Section 1002  
Design**

**Section 1005 (b) and (c)  
Distribution**

**Section 4001.4  
The **FSSA DA** Policy and Procedure Regarding Adaptive Aids and Devices**

**Section 4001.5  
AAA Policy and Procedure Concerning Adaptive Aids and Devices**

**Section 4018.5  
AAA and Case Manager Policy and Procedure Regarding Environmental  
Modifications Services**

**Section 9004.1  
Income Inclusions and Exclusions**

**Appendix I  
State Plan Provisions**

### **2. 7/01/05**

**Section 9007 (2) (C-E) and (3)  
Removed**

**Name change from DDARS to DDRS**

**Nutrition Services (Entire Section)**

**Appendix A  
Nutrition Services –Menu Standards  
CHART**

### **3. 4/10/06**

*Division of Aging (DOA) changed to FSSA Division of Aging (FSSA DA)*

**Section 1001**

**Purpose**

**Section 1002**

**Design**

**Section 1003**

**Use**

**Section 1004**

**Availability**

**Section 1005**

**Distribution**

**Section 1006**

**Information on Indiana's Aging and In-Home Services**

**Integrated into -**

**Section 1000**

**Operations Manual; Purpose, Design, Use, Availability and Distribution**

**Section 1007**

**Establishment of the FSSA Division of Aging**

**Moved to-**

**Section 1001**

**Section 1008**

**Administration of Programs**

**Integrated into -**

**Section 1000**

**Operations Manual; Purpose, Design, Use, Availability and Distribution**

**Section 1009**

**Medicaid Waivers (or Office of Medicaid Policy and Planning Medical Model Waivers)**

**Moved to-**

**Section 12000**

**Medicaid Nursing Facility Level of Care Home and Community-Based Services Waivers**

**Section 1010**

**Organization and Staffing of the DOA**

**Moved to-**

**Section 1002**

**Organization and Staffing**

**Section 1011**  
**Mission and Duties of the DOA**  
Changed to -  
**Section 2000**  
**Mission and Duties of the FSSA Division of Aging (FSSA DA)**

**Section 1011.1**  
**Perform as the State Leader in All Aging Issues**  
Moved to-  
**Section 2001**

**Section 1011.2**  
**Implement Advocacy Policies**  
Moved to -  
**Section 2002**

**Section 1011.3**  
**Designate Planning and Services Area (PSAs)**  
Moved to -  
**Section 2003**

**Section 1011.4**  
**Designate Area Agencies on Aging (AAA)**  
Moved to -  
**Section 2004**  
**Designate an Area Agency on Aging (AAA)**

**Section 1011.5**  
**Develop the Intrastate Funding Formula**  
Moved to -  
**Section 2005**

**Section 1011.6**  
**Give Preference to Older Adults with the Greatest Need**  
Moved to -  
**Section 2006**

**Section 1011.7**  
**Monitor the AAAs**  
Moved to -  
**Section 2007**  
**Monitor the Area Agencies on Aging**

**Section 1011.8**  
**Assure the Requirement of Outreach Efforts**  
**Moved to -**  
**Section 2008**

**Section 1011.9**  
**Coordinate with Other State Agencies**  
**Integrated into-**  
**Section 2009**  
**Coordinate Services with the Area Agencies on Aging**

**Section 1011.10**  
**Coordinate with the AAAs**  
**Changed to-**  
**Section 2009**  
**Coordinate with the Area Agencies on Aging**

**Section 1011.11**  
**Assure the Quality of Services**  
**Moved to –**  
**Section 2010**

**Section 1011.12**  
**Take into Account the Views of Older Adults**  
**Moved to-**  
**Section 2011**

**Section 1011.13**  
**Develop and Implement the State Plan**  
**Moved to-**  
**Section 2014**

**Section 1012**  
**State Plan**  
**and**  
**Section 1012.1**  
**The DOA Procedures Regarding the State Plan**  
**Integrated into-**  
**Section 2014**  
**Develop and Implement the State Plan**

**Section 1012.2**  
**The DOA Procedures Regarding Older Adults with Severe Disabilities**  
**and the State Plan**  
**Integrated into-**  
**Section 2013**

**Older Adults with Severe Disabilities**

**Section 1012.2.1**

**The DOA Procedures Regarding Conflict of Interest**

**Integrated into-**

**Section 2023**

**Conflict of Interest**

**Section 1012.3**

**Submission of the State Plan**

**and**

**Section 1012.3.1**

**The FSSA DA Procedures Regarding the State Plan**

**and**

**Section 1012.3.2**

**Requirements of the State Plan**

**and**

**Section 1012.3.3**

**Verification of Intent**

**and**

**Section 1012.3.4**

**Background and Introduction**

**and**

**Section 1012.3.5**

**Mission Statements**

**and**

**Section 1012.3.6**

**Strategies for Service Delivery and Systems Enhancement**

**and**

**Section 1012.3.7**

**General Assurances**

**and**

**Section 1012.3.8**

**Administrative Structure**

**and**

**Section 1012.3.9**

**Program Goals and Objectives**

**and**

**Section 1012.4**

**State Plan Assurances**

**and**

**Section 1012.4.1**

**Statistics**

**Integrated into-**

**Section 2014**

**Develop and Implement the State Plan**

**Section 1012.4.2**  
**AAA Policy and Procedures Regarding the State Plan Amendments**  
**and**  
**Section 1012.4.3**  
**State Plan Amendments**  
**and**  
**Section 1012.4.4**  
**The FSSA DA Procedures Regarding State Plan Amendments**  
**Integrated into-**  
**Section 2015**  
**State Plan Amendments**

**Section 1013**  
**Contact Information for the Division of Aging**  
**Moved to-**  
**Section 2016**  
**Contact Information for the FSSA Division of Aging**

**Section 1014**  
**Area Agencies on Aging and In-Home Services**  
**Moved to-**  
**Section 2022**  
**Area Plan on Aging**

**Section 1014.1**  
**Designation of an AAA**  
**Moved to-**  
**Section 2004**  
**Designate an Area Agency on Aging**

**Section 1014.2**  
**Mission of the AAA**  
**Moved to -**  
**Section 2017**  
**Mission of the Area Agency on Aging**

**Section 1014.3**  
**AAA Advisory Council**  
**Moved to -**  
**Section 2018**  
**Advisory Council**

**Section 1015**  
**Advisory Bodies**  
**Changed to -**

**Section 2019  
Other Advisory Bodies**

**Section 1016  
Indiana Commission on Aging  
Moved to -  
Section 2019.1**

**Section 1017  
Community and Home Options to Institutional Care for the Elderly  
and Disabled (CHOICE) Board  
Moved to -  
Section 2019.2**

**Section 1018  
Alzheimer's Disease and Related Senile Dementia Task Force (also  
known as The Governor's Task Force on Alzheimer's Disease and Related  
Dementia)  
Moved to -  
Section 2019.3**

**Section 1019  
Money Management Program Advisory Council  
and  
Section 1019.1  
Money Management Program Advisory Council Members  
Moved to -  
Section 2019.4  
Money Management Services Program Advisory Council**

**Section 1020  
Planning and Service Areas (PSAs)  
Integrated into -  
Section 2003  
Designate Planning and Service Area (PSAs)**

**Section 1021  
Indiana's 16 Planning and Service Area (PSAs)  
and  
Section 1021.1  
Redesignation of a PSA  
and  
Section 1021.2  
Denial of an Application for Designation as a PSA  
Integrated into -  
Section 3002**

**The FSSA DA Designation of an Additional Planning and Service Area (PSA)**

**Section 1022 - Contact Information for the 16 Area Agencies on Aging**

**Moved to -**

**Section 2020**

**Section 1022.1**

**Map of the 16 PSAs**

**Moved to -**

**Section 2021**

**Section 1023**

**Independent Case Managers**

**Moved to -**

**Section 4008.1**

**Case Management Services**

**Section 2001**

**Advocacy**

**and**

**Section 2001.1**

**The DOA Procedures Regarding Advocacy**

**and**

**Section 2001.2**

**AAA Policy Regarding Advocacy Services**

**and**

**Section 2001.3**

**AAA Procedures Regarding Advocacy Services**

**Changed to -**

**Section 2002**

**Implement Advocacy Policies**

**Section 2002**

**Area Plans**

**and**

**Section 2002.1**

**The DOA Procedures Regarding Advocacy Services**

**and**

**Section 2002.2**

**AAA Policy Regarding Advocacy Services**

**Section 2002.3**

**and**

**AAA Procedures Regarding Advocacy Services**

**Integrated into-**

**Section 2022**

## **Area Plan on Aging**

### **Section 2003**

#### **Conflict of Interest**

**and**

#### **Section 2003.1**

##### **Conflict of Interest Situations**

**and**

#### **Section 2003.2**

##### **The DOA Policy Regarding an AAA Conflict of Interest Situations**

**and**

#### **Section 2003.3**

##### **The DOA Procedure Regarding Conflict of Interest**

**and**

#### **Section 2003 3.1**

##### **Nepotism**

**and**

#### **Section 2003. 3.2**

**and**

##### **Acceptance of Gifts**

#### **Section 2003.4.2**

**and**

##### **AAA Policy and Procedure Regarding Conflict of Interest**

#### **Section 2003.5**

**and**

##### **Area Plan Assurances Regarding Conflict of Interest**

#### **Section 2003.5.1**

**Moved to-**

#### **Section 2023**

### **Section 2003.6**

#### **Conflict of Interest Rules**

**Moved to-**

#### **Section 2023.1**

### **Section 2004**

#### **Confidentiality**

**and**

#### **Section 2004.1**

##### **Ethics Training**

**and**

#### **Section 2004.2**

##### **AAA Policy and Procedures Regarding**

##### **Confidentiality**

**Moved to-**

#### **Section 2026**

**Section 2005**  
**Coordination**  
**and**  
**Section 2005.1**  
**The DOA Procedures Regarding Coordination of Services**  
**and**  
**Section 2005.2**  
**AAA Policy and Procedures Regarding Coordination of Services**  
**Moved to-**  
**Section 2027**

**Section 2006**  
**Direct Delivery of Services**  
**and**  
**Section 2006.1**  
**The DOA Procedures Regarding Direct Delivery of Services**  
**and**  
**Section 2006.2**  
**AAA Policy Regarding Direct Delivery of Services**  
**and**  
**Section 2006.3**  
**AAA Procedures Regarding Direct Delivery of Services**  
**and**  
**Section 2006.4**  
**Service Providers Policy and Procedures Regarding Direct**  
**Delivery of Services**  
**Moved to-**  
**Section 2028**

**Section 2007**  
**Information sharing**  
**and**  
**Section 2007.1**  
**The DOA Policy Regarding Information Sharing**  
**and**  
**Section 2007.2**  
**The DOA Procedures Regarding Information Sharing**  
**Moved to-**  
**Section 2029**

**Section 2007.2.1**  
**Marketing Materials**  
**Moved to-**  
**Section 2030**

**Section 2007.2.2**  
**Retention of Resources Records**  
**Moved to-**  
**Section 2031**  
**Retention of Resource Records**

**Section 2007.2.3**  
**Governor's Conference**  
**Section 2007.2.4**  
**Governor's Conference Policy and Procedures**  
**Moved to-**  
**Section 2032**

**Section 2007.3**  
**Indiana State Fair**  
**Section 2007.3.1**  
**Indiana State Fair Policy and Procedures**  
**Moved to-**  
**Section 2033**  
**Indiana State Fair**

**Section 2007.4**  
**AAA Policy and Procedures Regarding Information Sharing**  
**Moved to-**  
**Section 2029**  
**Information Sharing**

**Section 2008**  
**Monitoring and Assessment**  
**Section 2008.1.1**  
**The DOA Procedures Regarding Monitoring and Assessment**  
**Section 2008.1.2**  
**Assessment**

**Section 2008.2**  
**AAA Policy and Procedures Regarding Monitoring and Assessment**  
**Moved to-**  
**Section 2034**

**Section 2009**  
**Needs Assessment**  
**and**  
**Section 2009.1**  
**The DOA Procedures Regarding Needs Assessment**  
**and**

**Section 2009.3**  
**AAA Procedures Regarding Needs Assessment**  
**and**  
**Section 2009.4**  
**AAA Procedures Regarding Needs Assessment and the Area Plan**  
**Moved to-**  
**Section 2035**

**Section 2010**  
**Priority Services**  
**and**  
**Section 2010.1**  
**The DOA Procedures Regarding Priority Services**  
**and**  
**Section 2010.2**  
**AAA Policy and Procedures Regarding Priority Services**  
**Moved to -**  
**Section 2036**  
**Priority Services**

**Section 2011**  
**Reporting Requirements**  
**and**  
**Section 2011.1**  
**Required Reports from the FSSA Division of Aging**  
**Moved to -**  
**Section 2037**

**Section 2012**  
**Public Hearings**  
**and**  
**Section 2012.1**  
**The DOA Procedures Regarding Public Hearings**  
**and**  
**Section 2012.2**  
**Additional DOA Actions that Require Public Hearings**  
**Moved to -**  
**Section 3000**  
**Public Hearings**

**Section 2012.3**  
**Area Plans or Area Plan Amendments**  
**Moved to -**  
**Section 3000**  
**Public Hearings**

**Section 2013  
Target Populations**

**Moved to-  
Section 2038**

**Section 4008.1  
Case Management Allowable Activities**

**Moved to-  
Section 4008.2**

**Section 4008.2  
Services Not Allowed Under Case Management**

**Moved to-  
Section 4008.3**

**Section 4008.3  
Entities Not Allowed to Conduct Case Management Services**

**Moved to-  
Section 4008.3.2**

**Section 4010  
Family Caregiver Support Program**

**Changed to-  
Section 4011**

**Home Health Aide (Department of Health Term)  
Removed**

**Section 4008.7.1(c)  
Minimum Qualifications for Individual Case Managers  
Wording changed**

**Section 4016 - Chart 9  
45 CFR 1321.53(b)(1)  
Replaced with  
Older Americans Act, 321(a)(3)**

**Section 5003.1  
Eligibility Requirements for SSBG Funding  
Condensed**

**Section 5007.4.2  
AAA Provisions for Expenditures  
Footnote<sup>1</sup>  
Footnote removed**

**Section 5009.5.3**  
**Late Claims Procedures**  
**Footnote<sup>1</sup>**  
**Footnote revised**

**Section 6003.6**  
**BAIHS Annual Report**  
**Removed**

**Section 8000**  
**Nutrition Services Program Administration**  
**Title changed to-**  
**Nutrition Program Services**

**Section 8006.10**  
**Case Management**  
**Removed**

**Section 8006.12**  
**National Program Information System (NAPIS)**  
**Changed to-**  
**Section 8006.11**

**Section 8006.12.1**  
**Unit of Service (For NAPIS Reporting)**  
**Changed to-**  
**Section 8006.11.1**

**Section 8006.13**  
**Provision of Nutrition Services**  
**Changed to-**  
**Section 8006.12**

**Section 8006.13.1 AAA and Provider Monitoring**  
**Changed to-**  
**Section 8006.12.1**

**Section 9009**  
**DOL Performance Standards for the Grantee (FSSA DA)**

**Section 9 – More Information Page**  
**Revised**

**Nutrition Services - Appendix A - Menu Standards  
Menu Planning (Part 6) (III)**  
**Revised**

## **Revised Chart Numbering**

- Chart 1 - Contact Information for the 16 Area Agencies on Aging**
- Chart 2 - Map of the 16 PSA's**
- Chart 3 - Conflict of Interest Rules**
- Chart 4 - Older Americans Act, Section 305**
- Chart 5 - FSSA DA Appeals Chart**
- Chart 6 - Client/Applicant Appeals**
- Chart 7 - AAA Appeal Process**
- Chart 8 - Family Caregiver - Report Due dates**
- Chart 9 - 45 CFR 1321.53(b)(i)**
- Chart 10 - Content of State Plan**
- Chart 11 - PASRR Laws**
- Chart 12 - Administration of Programs**  
**Indiana Code 12-10-1-3**
- Chart 13 - Public Law 89-73**
- Chart 14 - United States Code 42, USC 3030c-2**
- Chart 15 - Illustration of the Data Upload Process**
- Chart 16 - Older Americans Act, Section 339**
- Chart 17 - Older Americans Act, Section 315(b)(2)**
- Chart 18 - Older Americans Act, Section 315(b)(i)**
- Chart 19 - Division of Aging**  
**Policy Statement Regarding Nutrition Services**
- Chart 20 - Older Americans Act, Section 339**
- Chart 21 - Older Americans Act, Section 339(2)(g)**
- Chart 22 - Senior Community Service Employment Program Final Rule,  
April 19, 2004**
- Chart 23 - SCSEP Citations and Codes**
- Chart 24 - Enrollment Priorities**
- Chart 25 - SCSEP Organizational Chart**
- Chart 26 - Tips for Success**
- Chart 27 - Performance Measures**

## **Corrections**

### **1. 5/13/05**

**Section 1008 (11)**  
**Administration of Programs**

**Section 1022 –Chart 25**  
**AAA Contact Information**

**Section 4010.11**  
**Reports**

**Section 4012.4**  
**The FSSA DA Policy and Procedure Regarding Home Health Services**

**Section 4012.5**  
**AAA Policy and Procedure Concerning Home Health Services**

**Section 4016(b)**  
**Information and Assistance Services (I&A)**

**Section 5002**  
**(Title Only)**  
**Community and Home Options to Institutional Care for the Elderly and Disabled**  
**(CHOICE)**

**Section 5005.1.1(d)**  
**Eligibility Requirements for Title III Funding**  
**Section 5009.2.1 (a), (d) and (e) - Procurement Guidelines**

**2. 7/01/05**

**Removal of Chart 3 - Representation of the Aging and In-Home Services Network**

**Chart numbering corrected to conform to removal of Chart 3**

**PART 1**

**SECTION 1**

**ACRONYMS**

**GLOSSARY OF TERMS**

# ACRONYMS AND GLOSSARY OF TERMS

## ACRONYMS

A&D	Aged and Disabled Medicaid Waiver
AAA	Area Agency on Aging
AAC	Area Advisory Council
AARP	American Association of Retired Persons
ACSI	American Customer Satisfaction Index (SCSEP term)
ADA	Americans with Disabilities Act
ADC	adult day care
ADS	adult day services
ADL	activities of daily living
AD/RSD	Alzheimer's Disease and Related Senile Dementia
<b>ADRC</b>	<b>Aging and Disability Resource Center</b>
ADP	alternative disposition plan
AFDC	Aid to Families with Dependent Care
AGS	Adult Guardianship Services
ALJ	Administrative Law Judge
ANHA	American Nursing Home Association
AoA	Administration on Aging
APS	Adult Protective Services
APWA	Aging Public Welfare Association
ARCH	Assistance to Residents in County Homes
ASPA	Aging Service Provider Association
ASU	Administrative Services Unit
<b>ACCM</b>	<b>Assessment for Case Combine Management</b>
BAA	broad agency announcement
BDDS	Bureau of Developmental Disabilities Services
BID	Bureau Information Directory
BOOK	Books, materials, recreation, education (Children's CHOICE/TANF) <sup>1</sup>
BQIS	Bureau of Quality Improvement Services
CAA	community action agency
CAAP	Community Action Against Poverty
CFR	Code of Federal Regulations
CHOICE	Community and Home Options to Institutional Care for the Elderly and Disabled
CICOA	Central Indiana Council of Aging
CM	case manager
<b>CM</b>	<b>claims management (as related to RCAP) <sup>2</sup></b>
CMGT	case management (Children's CHOICE/TANF) <sup>3</sup>
CMHC	community mental health center
CMS	Centers for Medicare and Medicaid Services or Contract Management System
CRF/DD	Community Residential Facility/Developmentally Disabled
CSMS	Computer Software Management System
CSSU	Client Support Services Unit (Part of the <b>FSSA DA</b> )
D&E	Diagnostic and Evaluation
<b>DD</b>	<b>developmentally disabled<sup>4</sup></b>
DDRS	Division of Disability and Rehabilitative Services <sup>5</sup>

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<sup>1</sup> Added 5/13/05

<sup>2</sup> **Added 4/10/06**

<sup>3</sup> Added 5/13/05

<sup>4</sup> **Revised 4/10/06**

<sup>5</sup> Changed 7/01/05

DFR	Division of Family Resources
DHHS	Department of Health and Human Services (federal)
DMHA	Division of Mental Health and Addiction
<b>DOL</b>	<b>U.S. Department of Labor, including its agencies and organizational units (as related to SCSEP)<sup>1</sup></b>
DOT	Department of Transportation
DSM-IV	<i>Diagnostic and Statistical Manual of Mental Disorders</i> , fourth edition
DTS	Department of Technology Services
DWD	Department of Workforce Development
E&A	Evaluation and Assessment
EAP	Energy Assistance Program or Employee Assistance Program
EDS/MARS	Electronic Data Systems/Management and Report System
EMOD	Environmental Modifications
FFP	Federal Financial Participation
FFY	Federal Fiscal Year (FFY) <sup>2</sup>
<b>FMV</b>	<b>Fair Market Value<sup>3</sup></b>
FR	Federal Register
FSSA	Family and Social Services Administration
FY	fiscal year
GAAP	Generally Accepted Accounting Procedures
GAO	General Accounting Office
GPRA	Government Performance and Results Act of 1993
GTF AD/RSD	Governor's Task Force (on Alzheimer's Disease and Related Senile Dementia)
HCBS	Home and Community Based Services
HCFA	Health Care Financing Administration
HDM	home-delivered meal (nutrition)
HHS	Department of Health and Human Services
HIPAA	Healthcare Insurance Portability and Accountability Act of 1996
HOP	healthy older people
HUD	Housing and Urban Development
HWSE	housing with services establishment
IAAAA	Indiana Association of Area Agencies on Aging
I&A	information and assistance
IAC	Indiana Administrative Code <sup>4</sup>
IADL	instrumental activities of daily living
IAHSA	Indiana Association of Homes and Services for the Aging
FSSA DA	FSSA Division of Aging
IC	Indiana Code
ICF	intermediate care facility
ICF/MR	intermediate care facility for the mentally retarded
IDEA	Individuals with Disabilities Education Act
IDOA	Indiana Department of Administration
IDETS	Indiana Department of Employment and Training Services
<b>IEP</b>	<b>Individual Employment Plan (as related to SCSEP)<sup>5</sup></b>
IFF	intrastate funding formula

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<sup>1</sup> Moved from Section 9 - 4/10/06

<sup>2</sup> Added 5/13/05

<sup>3</sup> Added 4/10/06

<sup>4</sup> Moved from Section 9 - 4/10/06

<sup>5</sup> Moved from section 9 - 4/10/06

IHCA	Indiana Health Care Association
IMD	Institution for Mental Diseases
INDOT	Indiana Department of Transportation
INsite	Indiana In-Home Services Information Systems
IPAS	Indiana Pre-Admission Screening (state program)
<b>IPPM</b>	<b>ICES Policy and Procedure Manual</b> <sup>1</sup>
ISDH	Indiana State Department of Health
IU	International Units (nutrition term)
LD	learning disability
LCE	legal council for the elderly
LOC	level of care
LOS	level of services
LTCA	long term care application
<b>MAR</b>	<b>Medicaid Recipient</b> <sup>2</sup>
MAW	Medicaid Waiver Program
MCD	Medicaid
MFC	Medically Fragile Children Medical Model Waiver
MI	mentally ill
MNT	Medical Nutrition Therapy
<b>MOA</b>	<b>Memorandum of Agreement</b> <sup>3</sup>
MOU	Memorandum of Understanding
MOW	Meals on Wheels
MPSC	multi-purpose senior center
MR	mental retardation
MR/DD	mentally retarded/developmentally disabled
MRT	Medical Review Team
MSW	Master of Social Work
MSA	metropolitan statistical area
MUA	medically underserved area
MWU	Medicaid Waiver unit
NAAAA	National Association of Area Agencies on Aging
NANASP	National Association of Nutrition and Aging Service Providers
NAPIS	National Aging Program Information System
NASUA	National Association of States Units on Aging
NCEA	National Center on Elder Abuse
NCOA	National Council on Aging
NF	nursing facility
NF LOC	nursing facility level of care
NF LOS	nursing facility level of services
NRTA	National Retired Teachers Association
NSI	Nutrition Screening Initiative
NSIP	Nutrition Services Incentive Program
OAA	Older Americans Act
<b>OACSEP</b>	<b>Older Americans Community Service Employment Act</b> <sup>4</sup>
OASDHI	Old Age, Survivors, Disability, and Health Insurance Program
OBRA	Omnibus Budget Reconciliation Act (1987 & 1990)
OMB	Office of Management and Budget (Federal)

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<sup>1</sup> Added 4/10/06

<sup>2</sup> Added 4/10/06

<sup>3</sup> Added 5/13/05

<sup>4</sup> Moved from Section 9 - 4/10/06

OMPP	Office of Medicaid Policy and Planning
<b>OJT</b>	<b>On the Job Training (as related to SCSEP)<sup>1</sup></b>
OT	Occupational Therapy
PAS	Pre-Admission Screening (first part of federal program PASRR)
PASRR	Pre-Admission Screening/Resident Review
PDF	portable document format
PERS	personal emergency response system
PHI	protected health information
PL	public law
PMU	professional management unit
PNA	Personal Needs Allowance – RCAP term
POC/CCB	plan of care/cost comparison budget
POE	point of entry
PSA	planning and service area
PT	physical therapy
QA	quality assurance
QMRP	qualified mental retardation professional
RBA	Room and Board Assistance
RD	Registered Dietitian
RES	respite care
RFA	request for approval to authorize services
RFI	request for information
RFP	request for proposal
ROM	Regional Office Memorandum
RR	Resident Review (second part of federal PASRR)
<b>RSDI</b>	<b>Retirement, Survivors, Disability Insurance (as related to SCSEP)<sup>2</sup></b>
RSVP	Retired Senior Volunteer Program
RT	Recreation Therapist
SCC	Specialized Child Care (Children's CHOICE/TANF) <sup>3</sup>
SCSEP	Senior Community Services Employment Program (authorized by Title V of the Older Americans Act)
SCORE	Service Corps of Retired Executives
<b>SEP</b>	<b>Single Entry Point</b>
SFY	State Fiscal Year
SNF	state nursing facility
SSA	Social Security Administration
SSBG	Social Services Block Grant
SSI	Supplemental Security Income
SSDI	Social Security Disability Income
SSN	Social Security number
SS	Social Security
SSI	Supplemental Security Income
SLD	specific learning disability
SUA	state unit on aging
SW	social work

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<sup>1</sup> Moved from Section 9 - 4/10/06

<sup>2</sup> Moved from section 9 - 4/10/06

<sup>3</sup> Added 5/13/05

TA	Technical Assistance
TAG	Technical Assistance Guides
TANF	Temporary Assistance for Needy Families
TBI	Traumatic Brain Injury Medical Model Waiver
TEGL	Training and Employment Guidance Letters (SCSEP)
TEN	Training and Employment Notices (SCSEP)
Title III	Grants for State and Community Programs for Aging
Title III-B	Supportive Services and Senior Centers
Title III-C	Nutrition Services
Title III-D	Disease Prevention and Health Promotion Services
Title III-E	National Family Caregiver Support Program
Title V	Community Service Employment for Older Americans
Title VII	Allotments for Vulnerable Elder Rights Protection Activities
Title XX	Social Services Block Grant – SSBG
TRVL	Travel and Related Costs for Working Parent (Children's CHOICE/TANF) <sup>1</sup>
TVP	Textured Vegetable Products (Nutrition Term)
USC	United States Code
USDA	United States Department of Agriculture
USDOL	United States Department of Labor
VR	Vocational Rehabilitation
WHCOA	White House Conference on Aging
WIA	Workforce Investment Act

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<sup>1</sup> Added 5/13/05

## GLOSSARY OF TERMS

- A -

### abuse

Any of the following kinds of mistreatment:

(1) Intentional or willful infliction of physical verbal or demonstrative harm caused by physical touch, oral or written language, or gestures with disparaging or derogatory implications.

(2) Any necessary physical or chemical restraints or isolation not found in the care plan.

(3) Punishment with resulting physical harm or pain.

(4) Sexual molestation, rape, sexual misconduct, sexual coercion, and sexual exploitation.

(5) Any harm caused by:

- (A) unreasonable confinement;
- (B) intimidation;
- (C) humiliation;
- (D) harrassment;
- (E) threats of punishment;
- (F) deprivation;
- (G) neglect; or
- (H) physical or financial exploitation.

### access

The availability and ability to obtain needed services and assistance.

### access services

A category of services that provide information concerning public and voluntary services and linkage to appropriate community resources through case management, information and assistance, and outreach.

### Acquired immunodeficiency syndrome (AIDS)

A viral disease that impairs the body's ability to fight disease. People with AIDS are susceptible to a wide range of life-threatening diseases that would not ordinarily threaten a person whose immune system is working normally. The AIDS virus is transmitted in at least four ways: (1) through sexual contact, (2) by sharing an infected hypodermic needle, (3) by receiving AIDS-infected blood or blood products through transfusion or injection, and (4) by an infected mother transmitting AIDS to her baby during pregnancy, during delivery, or from breast feeding.

act — see *Older Americans Act*

### active treatment

In referring to persons who are mentally ill or mentally retarded, *active treatment* means identifying the social, developmental, intellectual, behavioral, medical, and nutritional strengths and needs of the client; developing a program intended to turn

the identified strengths and needs into measurable objectives; and implementing an individual written care plan that is reevaluated on a regular basis.

activities of daily living (ADLs)

A measurement of a person's degree of independence when eating, bathing, dressing, and moving from one place to another. **Also refers to an activity described in the long term care services eligibility screen.<sup>1</sup>**

adaptive aids and devices

Controls, appliances, or supplies determined necessary to enable the client to increase his or her ability to function in a home- and community-based setting with independence and physical safety.

Administration on Aging (AoA)

A federal agency established in the Office of the Secretary of Health and Human Services that is headed by the assistant secretary of aging. The AoA is the federal agency responsible for administering the OAA (except for Title V, which is administered by the Department of Labor).

admission date (IPAS and PASRR)

The date that an individual is physically admitted to a NF and an active record is opened for that individual.

adult abuse (Older Americans Act)

The willful infliction by a person of injury, unreasonable confinement, intimidation, cruel punishment, or deprivation of goods or services that is necessary to avoid physical harm, mental anguish, or mental illness of an adult and that results in physical harm, pain, or mental anguish.

adult child with disabilities (Older Americans Act)

A person who is 18 years of age or older, has a disability, and is financially dependent on an older adult who is the person's parent.

adult day services

A structured, comprehensive program that provides a variety of health, social, recreational, and supportive services in a protective setting for persons who require daytime supervision. An alternative between receiving care in the home and care in an institution for persons over 18.

adult foster care services

A living arrangement in which an individual lives in the private home of a principal caregiver who is unrelated to the individual.

Adult Guardianship Services (AGS)

Includes the provision of full guardianships as well as less restrictive alternative services. Adult guardianship services are provided to indigent, incapacitated adults who are unable to care for themselves properly or manage their own affairs without assistance due to certain incapacities. Program services include the identification and evaluation of indigent adults in need of guardianship services through assessment and intensive case work. Individualized service plans are developed to provide the least restrictive type of guardianship or related service for the protected person and to involve them in the planning and decision making to the fullest extent their capabilities allow.

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<sup>1</sup> IC 12-10-10-1.5 added 4/10/06

#### Adult Protective Services (APS)

Protects adults 18 years of age or older from neglect, battery, and exploitation. It is administered by the FSSA DA and implemented by the offices of the prosecuting attorney on the local level. Regional offices investigate reports of suspected abuse as defined in the law. Hoosiers are required by law to report suspected abuse of older adults. Failure to report is a crime.

#### advance directives

Legal tools used for lifetime planning to help persons make decisions for an individual who has become incapacitated and is no longer able to make decisions for him/herself. Examples of advance directives are power of attorney, health care representative, and living-will and life-prolonging procedures declaration.

#### advance funds (advances)

Funds paid to grantees at grant initiation to provide funds for cash flow.

#### advisory bodies

A group, commission, board, council, or task force comprised of persons who share particular interests and provide FSSA DA with consultation, counsel, advice, and recommendations regarding specific services, programs, and plans.

#### advocacy

The process by which the needs of older adults are brought to the attention of decision makers at all levels of government, and in private and nonprofit sectors of society, as well. As an instrument for social and policy change, it includes identification of problems and strong support of the best solutions; the formulation of policy issues; policy development; recommendations concerning resource allocation; and analysis of various social trends as they are likely to affect older adults and persons with disabilities. This includes all efforts to promote, obtain, or maintain the rights, services, and benefits of older adults and persons with disabilities.

#### advocacy representation

Actions taken on behalf of an older adult or person with disabilities to secure his or her rights or benefits. It includes receiving, investigating, and working to resolve disputes or complaints. Advocacy representation does not include services provided by an attorney or a person under the supervision of an attorney.

#### advocate

A person who assists an individual with decision making and self determination; and is chosen by the individual or the individual's legal representative, if applicable. An advocate is not a legal representative unless legally appointed.

#### Aged and Disabled Medicaid Waiver

A Medicaid-funded program that provides services to persons 65 years of age or older and/or to persons who meet Medicaid disability guidelines. Aged and Disabled Waiver services provide quality in-home care to Medicaid-eligible individuals who require the level of care found in a NF and are at risk of institutionalization.

#### ageism

Discrimination against people on the grounds of age, specifically discrimination against older adults.

#### aging network

A term used to describe the entire system providing services to older adults.

The aging network includes state agencies, AAAs, the Administration on Aging, and advocacy groups and organizations that are providers of direct services to older adults receiving funds from the OAA.

#### alcoholism

A chronic disease in which repeated episodes of drinking alcoholic beverages cause injury to the individual's health, social functioning, or economic well-being. Alcohol impairs mental alertness, judgment, and physical coordination, further increasing the risk of falls and accidents already common among older adults. Alcohol can also produce a wide range of side effects similar to those of prescription and over-the-counter medications.

#### **alternate dessert (as related to Nutrition Services)**

**A substitute dessert item offered in place of the main dessert (to be defined by an individual AAA). Typically, the alternate dessert is lower in calories, fat, and simple (refined) carbohydrates. Examples include fresh fruit, sugar-free gelatin and pudding, small servings (typically limited to one time per week) of angel food cake, sponge cake without icing, gingersnaps, vanilla wafers or similar items.<sup>1</sup>**

#### Alzheimer's disease

A form of dementia that produces severe intellectual deterioration in older adults and is currently considered an irreversible disease.

#### Alzheimer's Disease and Related Senile Dementia Task Force—also see *disclosure form*

A program funded through a state appropriation to provide education, and/or training to caregivers, professionals, paraprofessionals, students, teachers, and the general public on AD/RSD.

#### American Association of Retired Persons (AARP)

A national organization that represents special interests and issues affecting older adults in state and national legislation. AARP also produces publications and educational programs concerning specific aging issues, administers a volunteer talent bank, and sponsors a network of AARP community service projects.

#### Americans with Disabilities Act (ADA)

Federal legislation passed in 1990 designed to address and eliminate discrimination faced by people with disabilities. The Act is divided into the following five titles that provide for equal opportunities and access:

Title I states that no covered entity shall discriminate against a qualified individual with a disability because of the disability of such individual in regard to any terms, conditions, and privileges of employment.

Title II prohibits discriminating against or excluding a qualified person with a disability, by reason of the disability, from participation in or denying benefits of the services, programs, or activities of a public entity.

Title III prohibits discrimination with respect to public accommodations by private entities.

Title IV requires common carriers, as defined under the Communications Act of 1934, to provide telecommunication relay services.

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<sup>1</sup> Added 4/10/06

Title V contains miscellaneous provisions and enforcement policies.

**Annual Report (FSSA DA)**

The FSSA DA annual report which reports on the progress and accomplishments of the FSSA DA. (See IC 12-10-10-11)

**annual review**

A review of an individual's services that may include the following: visits and/or conversations with the individual, family or advocate, and service providers; assessment of skills; and a review of available documentation of an individual's progress on goals and objectives or other report.

**appeal**

An administrative Procedures in which an older adult or person with disabilities may seek to reverse or change a decision or denial regarding their eligibility for services.

**application**

The act of requesting a screening or assessment to comply with program mandates. The written or printed form on which the request is made.

**applicant (FSSA DA)**

a natural person or entity who applies to the FSSA DA for approval to provide one or more home and community based services.

**Area Advisory Council (AAC)**

Each area agency has an advisory council that carries out advisory functions to further the area agency's mission of developing and coordinating community-based systems of service for older adults in the agency's PSA.

**Area Agencies on Aging (AAAs)**

An established network of independent agencies that provide services to older adults and persons with disabilities through the use of funds provided by various federal, state, and local sources. Each area agency is the local leader in regards to all aging issues for older adults in their designated planning and service area (PSA).

**area plan**

Each area agency must develop and prepare a 1 to 4 -year area plan with adjustments to be made on an annual basis. The area plan, if approved by the FSSA DA, serves as the basis of agreement between the FSSA DA and the area agency. The area plan must outline and include certain assurances and provisions regarding services and recipients of services funded with OAA (Title III) funds and all other funding sources. The area plan must meet the requirements of the area plan format provided to the area agencies by the FSSA DA.

**assessment screening**

Standard examinations, procedures, or tests for the purpose of gathering information about a person to determine need and/or eligibility for services.

**Assistance to Residents in County Homes (ARCH)—see *Residential Care Assistance Program***

**assisted living**

A program approach within a prescribed physical structure, which provides or coordinates a range of supportive personal and health services, available on a 24 hour basis, for support of resident independence in a residential setting. Assisted

living promotes and supports resident self-direction in decisions that emphasize choice, dignity, privacy, individuality and independence in home-like surroundings.

assistive technology

Technology, engineering methodologies, or scientific principles appropriate to meet the needs of, and to address the barriers confronted by older adults with functional limitations and persons with disabilities.

(a) A term used to indicate that an older adult or person with disabilities is vulnerable or susceptible to serious illness or harm due to the person's mental, physical, or social condition and is in need of supportive services or placement.

(b) A common medical term used by geriatricians to indicate that older people, especially frail older adults, are susceptible to periods of confusion when placed under physical or mental stress.

attendant care

A service necessitated by a client's physical or mental impairment. Such services primarily involve hands-on assistance with a client's physical-dependency needs. These maintenance or supportive services are furnished in the home of frail or impaired persons to ensure health and safety and are defined in the plan of care.

attorney for proposed protected person (Guardianship term)

An attorney who represents the protected person and the protected person's wishes in a guardianship case. A protected person is a person who has been declared incapacitated and in need of a guardian by the court.

Authorized Representative

Legal representative<sup>1</sup>

autism

A condition that starts in infancy or childhood (prior to age 36 months) and is characterized by an impairment in reciprocal socialization skills, impairment in verbal and nonverbal communication skills and imaginative activity, and/or a noticeably restricted repertoire of activities and interests.

**authorized position level (as related to SCSEP)**

**A number of enrollment opportunities that can be supported for a 12-month period based on the average national unit cost. The authorized position level is derived by dividing the total amount of funds appropriated for age unit cost per participant for that Program Year as determined by the DOL. The national average unit cost includes all costs of administration, other participant costs, and participant wage and fringe benefit costs as defined in section 506(g) of the OAA. A grantee's total award is divided by the national unit cost to determine the authorized position level for each grant agreement.<sup>2</sup>**

- B -

bid guarantee

A firm commitment such as a bid bond, certified check, or other negotiable instrument accompanying a bid as assurance that the bidder will, if its bid is accepted, execute the required contractual documents within the time specified.

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<sup>1</sup> Added 5-13-05

<sup>2</sup> Moved from Section 9 - 4/10/06

#### Bill Payer Services

A component of the Money Management Program. It is a financial protective service program that assists lower-income older adults or persons with disabilities who have difficulty with budgeting, keeping track of financial matters, and paying routine bills. The Bill Payer Program is administered by the FSSA DA.

#### blind

(a) A central visual acuity of 20/200 or less in the individual's better eye with the best correction; or

(b) a field of vision that is not greater than 20 degrees at its widest diameter.

#### bond (Guardianship term)

Required by the court in many states to ensure a guardian will faithfully discharge the duties of a guardian of the person/or estate of the protected person. The bond is fixed by the court in an amount sufficient to protect the person's property, estate, and creditors.

#### budget

Financial plan of operation applicable to a specific time period, as required by statute or regulation, that includes authorized expenditures and anticipated revenues. The purpose of a budget is to keep expenditures within available resources.

#### FSSA Division of Aging (FSSA DA)

The FSSA DA is the State's Unit on Aging and one of the entities within the Family and Social Services Administration.

(a) The FSSA DA is the principal agency in Indiana responsible for the implementation of the OAA. It is the focal point for all matters relating to the needs of older persons within the state of Indiana and the lead advocate for older Hoosiers in planning, coordinating, funding, and evaluating programs and administering the resources and programs it is responsible for through federal and state legislation.

(b) In addition, the FSSA DA manages and coordinates a comprehensive in-home services program for older adults and persons of all ages with disabilities who are at risk of losing their independence. It uses available federal, state, and local resources to ensure that, within funding capabilities, eligible older adults and persons of all ages with disabilities are able to remain in their homes as long as possible, while enhancing their sense of dignity and worth.

#### Bureau of Developmental Disabilities Field Service Office (IPAS and PASRR term)

The locally based entity that is staffed by field services coordinators. There are 8 BDDS field offices located statewide.

#### Bureau of Developmental Disabilities Field Service Coordinator (IPAS and PASRR term)

An individual employed by the BDDS Field Service Office who is responsible for assisting in assessing service needs for MR/DD individuals, providing case management of services, and offering the PASRR residential alternative.

#### Bureau of Developmental Disabilities Services (BDDS)

The entity within DDRS that is responsible for defining, funding and monitoring a variety of supported living services for individuals who have developmental disabilities and who reside in Indiana.

Bureau of Fiscal Services (BFS)

Supports all DDRS operations with budget, fiscal, and contract management.

Bureau of Quality Improvement Services (BQIS)

Continually assesses the quality of services of the three program bureaus and recommends improvements.

- C -

caregiver

An individual who has the responsibility for the care of an individual voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law.

care plan (also called *plan of care*)

A plan written by the case manager, from the comprehensive assessment, to establish supports and strategies intended to accomplish the individual's long term and short term goals by accommodating the financial and human resources offered, as well as behavioral-related assistance to the individual through paid provider services or volunteer services or both, as designed and agreed upon by the individual.

caretaker (Older Americans Act)

A family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) uncompensated care to an individual who needs supportive services.

case cap

An established maximum number of units or dollar level that the total cost of the services to be provided under the care plan cannot exceed.

**case management**

**An administrative function conducted locally by an area agency on aging that includes:**

**assessment of an individual to determine the individual's functional impairment level and corresponding need for services.**

**development of a care plan addressing an eligible individual's needs.**

**supervision of the implementation of appropriate and available services for an eligible individual.**

**advocacy on behalf of an eligible individual.**

**monitoring the quality of community and home care services provided to an eligible individual.**

**reassessment of the care plan to determine the continuing need and effectiveness of the community and home care services provided to an eligible individual.**

**provision of information and referral services to individuals in need of community and home care services.<sup>1</sup>**

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<sup>1</sup> IC 12-10-10-1 expanded - 4/10/06

case management services

Services that enable an individual to receive a full range of appropriate services in a planned coordinated efficient and effective manner including but not limited to, an appropriate, complete, accurate and comprehensive assessment.

case manager

An employee of an area agency, a private case-management agency, or an independently employed person who provides case management.

catchments area

Refers to the geographic area from which a particular program, agency or facility draws the bulk of its users.

caterer – Organization contracted by the nutrition service provider to provide meal services within the planning and service area.<sup>1</sup>

categorically needy

Medicaid cases of aged, blind, or disabled individuals or families and children eligible for Medicaid who meet financial-eligibility requirements for Aid to Families with Dependent Children (AFDC) or SSI.

### **Centers for Medicare and Medicaid Services**

A branch of the Department of Health and Human Services. This Federal agency is responsible for administering the Medicare and Medicaid programs and approves all waivers amendments. Formerly HCFA (Health Care Financing Administration).<sup>2</sup>

certification

Certification enables the service provider to receive payments from a government funding source such as CHOICE or Title III funding. Certification may also be within the scope and range of other staff unconnected with licensing. Licensing is decided by each state. A license allows a service provider to operate. Licensing staff may evaluate a service provider for licensing and certification separately.

Certified Dietitian (as related to Nutrition Services)

An individual who is a registered dietitian in the State of Indiana who also has been designated as a “Certified Dietitian”. Certification for a registered dietitian in Indiana is not mandatory. It is a title protection. The registered dietitian who holds the designation of a “Certified Dietitian” must complete 30 CEUs – 2 year period).<sup>3</sup>

child

As used in Title III-E of the OAA with respect to the National Family Caregiver Support Program, means an individual who is not more than 18 years old.

Claim

(a) With respect to an incapacitated person or a minor, any liability of the incapacitated person or minor—whether arising in contract, tort, or otherwise—and any liability against an incapacitated person’s or a minor’s property that arises before, at, or after the appointment of a guardian, including expenses of administration.

(b) A document or form used to submit for payment for services.

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<sup>1</sup> Added 5/13/05

<sup>2</sup> Added 4/10/06

<sup>3</sup> Added 7/01/05

client

A term used to describe an individual who resides in Indiana and had submitted an application to the local AAA for services, is receiving services provided through case management originating from the area agency, or has applied for and/or is receiving social services.

Code of Federal Regulations

Found in the Federal Register published by the Department of Health and Human Services, Offices of Human development and Administration on Aging.

**co-enrollment (as related to SCSEP)**

**Completed for any individual who meets the qualifications for participation as well as the qualifications for any other relevant program as defined in the Individual Employment Plan.<sup>1</sup>**

co-insurance

The share paid by the patient for Medicare-covered services above the deductible amount set by Medicare.

Commission on Aging (IC 12-10-2)

A 16-member advisory group appointed by the Governor to do the following: to encourage study and discussion of issues relating to the aging and the aged; to promote the organization of and to officially recognize voluntary councils for the study and discussion of problems of the aging and the aged; and to assist FSSA DA in the development of a comprehensive plan to meet the needs of older adults.

Community Action against Poverty (CAP)

A statewide program providing local services and advocacy not otherwise provided by state agencies to Indiana's disadvantaged, elderly, and disabled. Services include recreation and employment training; access to medical services; home energy assistance; weatherization; Head Start; emergency food and shelter; and transportation.

Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Program (authorized by Indiana Code 12-10-10)

CHOICE provides case management services, assessment, and home and community based service to adults who are at least 60 years of age or persons of any age who have a disability due to a mental or physical impairment and who are found to be at risk of losing their independence. CHOICE is the funding of last resort for home and community based services. Accordingly, CHOICE funding shall be used after all other possible payment sources have been identified and all reasonable efforts have been employed to utilize those sources (including services under Medicaid and Medicaid waivers.)

community health center (also known as *neighborhood health center*)

An ambulatory health-care program, usually serving a catchments area with scarce or non-existent health services or a population with special health needs. Community health centers attempt to coordinate federal, state, and local resources in a single organization capable of delivering both health care and related social services to a defined population.

Community mental health center (CMHC)

A locally based service agency designated by the Division of Mental Health authority to receive money, provide mental health services, and act within the parameters of a

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<sup>1</sup> Moved from Section 9 - 4/10/06

CMHC defined within the Federal Mental Health Act. A CMHC liaison (IPAS and PASRR term) is the individual employed by techs who is designated to perform Level II assessments for mentally ill persons and to act as an intermediary within the mental health system on behalf of these programs.

community service (Title V term)

Employment assignments in social, health, welfare, and educational services for eligible individuals enrolled in the OACSEP.

community services

Services provided within the home or community rather than in an institutional setting.

**community services (as related to SCSEP)**

**Services which include, but are not limited to, social, health, welfare, and educational services (including literacy tutoring); legal assistance, and other counseling services, including tax counseling and assistance and financial counseling; library, recreational, and other similar services; conservation, maintenance, or restoration of natural resources; community betterment or beautification; anti-pollution and environmental quality efforts; weatherization activities; and economic development. (OAA SECTION 516(1))<sup>1</sup>.**

comprehensive care facility (IPAS and PASRR term)

Also referred to as *health facility*, *nursing facility*, or *nursing home*. An institutional setting licensed under IC 16-10-4 by the Department of Health, Division of Long Term Care, to provide comprehensive nursing care, room, food, laundry, administration of medications, special diets, and treatments, and that may provide rehabilitative and restorative therapies under the order of an attending physician. Comprehensive care facilities may be private only, Medicare certified, or Medicare/Medicaid certified. For purposes of IPAS and PASRR, the terms *nursing facility* and *comprehensive care* do not include an ICF/MR or facilities licensed for residential care.

comprehensive and coordinated system (Older Americans Act)

A system for providing all necessary supportive services, including nutrition services, in a manner designed to:

- (A) facilitate accessibility to and utilization of all supportive services and nutrition services provided within the geographic area served by such system by any public or private agency or organization;
- (B) develop and make the most efficient use of supporting services and nutrition services in meeting the needs of older individuals;
- (C) use available resources efficiently and with a minimum of duplication; and
- (D) encourage and assist public and private entities that have unrealized potential for meeting the service needs of older individuals to assist the older individuals on a voluntary basis.

Computer Software Management System

A computer application used by the FSSA Division of Aging to gather and organize data on clients receiving in-home and community-based services.

conflict of interest

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<sup>1</sup> Moved from Section 9 - 4/10/06

A conflict between the public obligations and the private interests of an official. In order to establish uniform guidelines within the FSSA DA and within the area agencies and to avoid giving preferential/favorable treatment, the hiring of family members is restricted or is not allowed.

congregate meals (Older Americans Act)

A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all the requirements of the Older Americans Act and State/Local laws.

continuing-care retirement center (CCRC)

A life-care multi-level living arrangement consisting of several settings intended to meet an individual's needs at various stages of life that usually includes individual dwellings, apartments, or nursing facilities. Parameters of individual care are outlined and provided in a life-care contract executed between the individual and the CCRC.

continuing education

The compilation and distribution of information on institutions of higher learning within each PSA concerning courses of study offered to older adults and the policies related to fee charges to older adults.

**Core Services**

**Services described in Section 134(d) (2) of Workforce Investment Act. <sup>1</sup>**

cost share (CHOICE term)

A method of cost reimbursement for those individuals who can pay all or a portion of the cost of services rendered.

County Council on Aging

An organization formed within a county that participates in planning, assessing the needs, and advocating for older adults in their county.

Court

The court having probate jurisdiction and, where the context permits, the court having venue of the guardianship.

day-care meal

The day-care meal is a meal provided to the client—at least once a day at the adult day-care site—that is nutritionally balanced and provides a minimum of one-third of the current daily recommended dietary allowance (RDA) specified appropriate for the client.

deductible

Specified amount to be paid by a client or patient for covered services before reimbursement begins.

Department of Health and Human Services (DHHS)

The federal agency responsible for implementing all health and human services-related legislation enacted by Congress. It includes such agencies as the AoA, SSA, Food and Drug Administration, and Health Care Financing Administration.

**Department of Labor (as related to SCSEP)**

**The United States Department of Labor, including its agencies and organizational units which administers a variety of Federal labor laws including those that guarantee workers' rights to safe and healthful working conditions;**

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<sup>1</sup> Added 4/10/06

**a minimum hourly wage and overtime pay; freedom from employment discrimination; unemployment insurance; and other income support.<sup>1</sup>**

*Determine Your Nutritional Health Checklist* (as related to Nutrition Services)

Developed and distributed by the Nutrition Screening Initiative, sponsored in part through a grant from Ross Products Division, Abbott Laboratories, American Academy of Family Physicians and The American Dietetic Association.<sup>2</sup>

developmental disability

A severe, chronic disability that is attributable to a mental or physical impairment or a combination of mental or physical impairments (other than a sole diagnosis of mental illness). Manifestation occurs before the person attains 22 years of age and is likely to continue indefinitely.

Diagnostic and Evaluation Team (D&E Team—PAS term)

The D&E Team is a group of professionals with different expertise who are responsible for evaluating MR/DD individuals to determine their level of functioning. The D&E Team is responsible for completing the evaluation of an MR/DD individual who is seeking admission to a NF and does not meet the requirements to be exempt from the screening.

diagnostic services

- (a) The provision of coordinated services, including, but not limited to, psychological, social, medical, and other services as necessary to identify the presence of developmental disability, its cause, and complications.
- (b) In physical health, diagnostic services are x-ray, laboratory, and pathology services when such services are directed toward the diagnosis of illness or injury.

Dietary Supplements (as related to Nutrition Services)

Defined in Section 201 of the Federal Food, Drug, and Cosmetic Act as a product (other than tobacco) intended to supplement the diet that bears or contains one or more of the following ingredients.

- (1) a vitamin;
- (2) a mineral;
- (3) an herb or other botanical;
- (4) an amino acid;
- (5) a dietary substance for use by man to supplement the diet by increasing the total dietary intake; or
- (6) a concentrate, metabolic, constituent, extract, or combination of any ingredient described in clause (1), (2), (3), (4), or (5).<sup>3</sup> Dietary supplements of vitamins and minerals do not provide macronutrients (protein, carbohydrate, fat, calories), nor do they usually contain the more than 40 nutrients needed daily and the hundreds of additional substances found in plant and animal foods that are important to health.<sup>4</sup>

direct cost

Those costs that are readily identifiable with a specific contract and program (i.e., salaries, purchases, or services furnished specifically for the program).

direct delivery of services

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<sup>1</sup> **Moved from Section 9 - 4/10/06**

<sup>2</sup> Added 7/01/05

<sup>3</sup> Use of Medical Food and Food for Special Dietary Uses in Older Americans Act Nutrition Program, 5/04: National Policy & Resource Center on Nutrition & Aging, Florida International University)

<sup>4</sup> Added 7/01/05

Services provided directly to an older adult or person with disabilities, by the staff of an AAA, or the FSSA DA, in a PSA.

disabled

A person who is incapacitated according to established eligibility criteria. (Different programs have different eligibility criteria.)

disability (Older Americans Act)

The term “disability” means (except when such term is used in the phrase “severe disability”, “developmental disabilities”, “physical or mental disability”, physical or mental disabilities” or “physical disabilities” ) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments that results in substantial functional limitations in 1 or more of the following areas of major life activity: (A) Self-care (B) Receptive and expressive language, (C) learning, (D) mobility, (H) cognitive functioning, and (I) emotional adjustment.

**disability (as related to SCSEP)**

**A disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that result in substantial functional limitations in one or more of the following areas of major life activity:**

- (A) self-care,**
- (B) receptive and expressive language,**
- (C) learning,**
- (D) mobility,**
- (E) self-direction,**
- (F) capacity for independent living,**
- (G) economic self-sufficiency,**
- (H) cognitive functioning, and**
- (I) emotional adjustment.<sup>1</sup>**

disbursement

Payments made by either cash or check.

Disease Prevention and Health Promotion Services

Disease Prevention and Health Promotion Services, funded under Title III, Part F of the OAA, provides information, counseling, and services at senior centers, congregate meal sites, and other appropriate sites. In carrying out these services, priority is given to serving those older adults who have the greatest economic need and who are living in areas that are medically underserved.

Disclosure Form—Alzheimer’s and Dementia Special Care

A state-mandated form (IC 12-10-5.5) prepared by a health facility and submitted each December to the FSSA DA regarding care provided in a health facility to individuals with Alzheimer’s and dementia. The form discloses the following: the health facility’s mission statement; staff qualifications; assessment criteria for admission, transfer, and discharge, including the process used in preparing and changing a plan of care; an itemization of fees and charges; and guidelines for using physical and chemical restraints. The forms are available upon request.

Disclosure Form—Housing with Services Establishment (HWSE)

A state mandated form (IC 12-10-15) prepared by a HWSE and submitted to the FSSA DA after the first resident has signed a contract and after the first resident has moved into the HWSE, annually thereafter, and within 30 days of certain changes or

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<sup>1</sup> Moved from Section 9 - 4/10/06

amendments. The form discloses HWSE information regarding the following: the owners and operators; types of living quarters and base rate ranges; services offered and fees charged; contract information; and a complaint Procedures. A list of all establishments that filed a disclosure form is available upon request.

Division of Disability, and Rehabilitative Services (DDRS ) – Formerly DDARS

Part of the FSSA within the government of Indiana. It consists of the following entities:

- (a) Blind and Visually Impaired Services
- (b) BDDS
- (c) BQIS
- (d) Deaf and Hard of Hearing Services (DHHS)
- (e) Disability Determination Bureau
- (f) Vocational Rehabilitation Services

Durable power of attorney

A power of attorney that:

- (a) Is executed by an incapacitated person before that person became an incapacitated person;
- (b) Provides that the power survives the person's incompetence; and
- (c) Is executed in accordance with the effective law in effect in the jurisdiction in which it was executed on the date it was executed.

- E -

economic need

The need resulting from an income level at or below the poverty level as established by the OMB.

equitable distribution report (as related to SCSEP)

A report based on the latest available Census data, which lists the optimum number of participant positions in each designated area in the State, and the number of authorized participant positions each grantee serves in that area, taking the needs of underserved counties into account. This report provides a basis for improving the distribution of positions. <sup>1</sup>

elder abuse

Abuse of an older individual.

Eldercare (national campaign)

The AoA sponsored program to establish and promote public and private partnerships that address the needs of the growing population of older persons and their caretakers.

eligibility criteria for in-home services program

Eligibility for in-home services varies and is based on which state or federal funding source is used to pay for services. Eligibility ranges from an individual having to be 60 years of age or older and meeting eligibility for Medicaid to being at risk of losing one's independence.

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<sup>1</sup> Moved from Section 9 – 4/10/06

eligibility determination

The procedures required to establish that an individual or family fulfills the criteria for receiving services based on the need for a service, residency in Indiana, and variables of family size and income.

eligible

A term to describe a client who has been determined to meet the criteria for receiving a service, approved by the FSSA DA.

employment counseling

A service that assists eligible persons in obtaining and maintaining employment. (see *Older American Community Service Employment Program*)

encumbrance

A legal claim against an account or program (e.g., a contract, a purchase order, or an unpaid invoice). A reserve of funds set aside for outstanding obligations.

environmental modifications

A physical adaptation to an individual's home without which the individual would require institutionalization. Environmental modifications may include the following:

- (1) Installation of lifts or ramps
- (2) Installation of grab bars
- (3) Widening of doorways
- (4) Modification of kitchen or bathroom facilities
- (5) Other services specified in Section 6108—Minor Home
- (6) Modifications/Environmental Modifications

exploitation (Older Americans Act, Section 102 (24))

The illegal or improper act or process of an individual, including a caregiver, using the resources of an older adult for monetary or personal benefit, profit, or gain.

extended care facility (ECF)

Sub-acute care or non-acute care beds physically located within the confines of an acute-care hospital. These beds are usually used for such purposes as extended recuperative care for hospital inpatients, as a holding bed area for individuals awaiting transfer to a free-standing NF, or for other designated purposes specified by the hospital with approval of the Department of Health. The Indiana Code citations under which these beds are licensed depend primarily on who administers the unit. If the hospital retains full control and administration over the unit, it is usually licensed under IC 16-21-2. However, if the unit operates independently of the hospital administration, either under contract or subcontract to another entity or through another means, it is usually licensed under IC 16-28-2. Licensure under IC 16-10-4 requires compliance with the IPAS requirements.

- F -

family and caregiver training services

Training and education to instruct a parent, family member, or primary caregiver in the treatment regimens and use of equipment specified in an individual's care plan. Training to improve the ability of the parent, family member, or primary caregiver to provide care for the individual.

Family and Social Services Administration (FSSA)

An Indiana government administration that works with families, children, senior citizens, people with disabilities and people with mental illness, providing services to promote self-sufficiency, independence, prevention, health and safety. The agency

has four main divisions: Division of Family and Children; Division of Mental Health and Addiction; Division of Disability, Aging and Rehabilitative Services; Office of Medicaid Policy and Planning. The four divisions report to the FSSA Secretary, who is a member of the Governor's cabinet.

**family caregiver**

An adult family member or other individual who is an informal provider of in-home and community care to an older individual.

**federal funds authorized**

Represents the total amount of funds approved or the ceiling to be provided under the grant or contract with the State.

**federal poverty level**

As defined by federal guidelines, the federal poverty level is measured by maximum annual income level and the size of the family. Poverty guidelines are to be used by area agencies to determine greatest economic need under Title III of the OAA.

**fiscal year (FY)**

A 12-month period covered by an annual budget and at the end of which financial position and results of operations are determined. The FSSA DA contracts for services on the state fiscal year.

State Fiscal Year: July 1–June 30

Federal Fiscal Year: October 1–September 30

**focal point (Older Americans Act)**

A highly visible facility established to encourage the maximum collocation and coordination of services for older individuals where anyone in a community can obtain information and access to aging services. Many multi-service senior centers as well as other types of centers are designated by the area agency to serve as designated focal points.

**functionally impaired**

A term to describe individuals unable to perform without assistance a number of ADLs and/or IADLs. May include cognitive impairment.

- G -

general purpose unit of local government—see *unit of general purpose local government*

**geriatric evaluation unit**

A unit housed within the immediate-care area of a hospital that provides care for older-adult patients needing hospitalization but who no longer require acute care.

**geriatrician**

A physician who specializes in the diagnosis and treatment of the diseases and problems specific to aging.

**geriatrics**

The branch of medicine that deals with the diagnosis and treatment of diseases and problems specific to aging.

**gerontology**

The study of physiological and pathological phenomena associated with aging.

Governor's Conference on Aging and In-Home Services (Indiana)

Legislatively mandated (IC 12-10-1-4(17)), the Governor's Conference on Aging and In-Home Services is conducted annually as a forum for learning about issues related to the aging and aged, as well as individuals with disabilities.

grandparent or older individual who is a relative caregiver

A grandparent or step grandparent of a child, or a relative of a child by blood or marriage, who is 60 years of age and older and:

- (a) lives with the child;
- (b) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
- (c) has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally.

**grant period (as related to SCSEP)**

**The period between the effective date of the grant and the ending date of the award, which includes any modifications extending the period of performance, whether by the DOL's exercise of options contained in the grant agreement or otherwise. Also, referred to as "projected period" or "award period".<sup>1</sup>**

grantee

An agency or entity which is receiving funds granted or awarded by the sponsoring agency. The AAAs are grantees of the State Agency and the service providers are the subgrantees of an Area Agency on Aging. (Also, see subgrantees.)

**grantee (as related to SCSEP)**

**An entity receiving financial assistance directly from DOL to carry out activities. The grantee is the legal entity that receives the award and is legally responsible for carrying out the SCSEP, even if only a particular component of the entity is designated in the grant award document. Grantees include States, Tribal organizations, territories, public and private non-profit organizations, agencies of a State government or a political subdivision of a State, or a combination of such political subdivisions that receive grants from the DOL (OAA Section 502). In the case of section 502(e) projects, grantee may be used to include private business concerns. As used here, the term "grantees" has the meaning is defined in 29 CFR 97.3 and "recipients" as defined in 29 CFR 95.2(g). For Indiana, the grantee is FSSA DA.<sup>2</sup>**

grants

The awarding of a sum of money for a specified purpose. The award may have stipulations covering the expenditures and it may or may not be continuous in nature.

greatest economic need (Older Americans Act)

Signifies those older persons with incomes at or below the Bureau of Census poverty threshold.

greatest social need (Older Americans Act)

The need caused by non-economic factors, including physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that restrict the ability of an individual to perform normal daily tasks or threaten the capacity of the individual to live independently.

group average

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<sup>1</sup> Moved from Section 9 - 4/10/06

<sup>2</sup> Moved from Section 9 - 4/10/06

A method for managing costs of care plans across a group of clients, so low cost clients can compensate for the clients who are considered as high cost. The ceiling applies to an average of the care plans for an established group of clients.

guardian (Guardianship term)

A person who is a fiduciary and is appointed by a court to be a guardian or conservator responsible, as the court may direct, for the person or the property of an incapacitated person or a minor. The term includes a temporary guardian, a limited guardian, and a successor guardian but excludes one who is only a guardian ad litem. The terms *guardian* and *conservator* are interchangeable.

guardian ad litem (Guardianship term)

A person, usually an attorney, appointed to represent the best interests (not necessarily the protected person's desires) of the potential protected person at a guardianship hearing. The judge may appoint a guardian ad litem when a disinterested person is needed for an objective investigation of the protected person's situation.

guardian of the estate (Guardianship term)

A person appointed to manage the financial affairs of the protected person by paying bills, managing investments, and handling property within the limits prescribed by the court. In Indiana, this person is also called a conservator.

guardian of the person (Guardianship term)

A person with responsibility for the health, well-being, and personal needs of the protected person. The guardian of the person makes such decisions as where the protected person will live, who will provide care, and the kinds of services the protected person will receive.

guardianship (Guardianship term)

Someone appointed by a court to make decisions for an incapacitated person has guardianship of that incapacitated person. In Indiana, *conservator* and *guardian* mean the same thing. Types of guardianships include temporary guardianship, permanent guardianship, limited guardianship, and plenary (full) guardianship.

guardianship property

The property of an incapacitated person or a minor for which a guardian is responsible.

- H -

habilitation services

Essential services designed to maximize the functioning level of older adults and persons with developmental disabilities in order to develop and retain capacity for independence, self-care, and social functioning. These services are coordinated through a program of objectives designed to obtain goals related to diversion of the individual from an institutional placement or enabling deinstitutionalization of the client, as well as meeting active treatment needs.

health-care facility

Structure that is licensed and/or certified for a specific level of care, in which health-care activities are carried out. This includes hospitals; psychiatric hospitals; tuberculosis hospitals; skilled-nursing facilities; immediate-care nursing facilities; kidney-disease treatment centers; and freestanding NFs.

health education

Instructional information on health-related topics, lifestyle issues, and health risk factors designed to change perceptions of health matters and issues.

health screening

An initial, basic exam or test designed to detect abnormalities before such abnormalities become chronic or debilitating. Many of these screenings are performed free of charge in locations easily accessible for older adults, such as senior centers, congregate meal sites, or community centers.

High Nutritional Risk (as related to Nutrition Services)

An individual who scores 6 or higher on *the Determine Your Nutritional Health Checklist* published by the Nutrition Screening Initiative.<sup>1</sup>

home-and community-based services (HCBS)

Supportive services required to help functionally impaired older adults or persons with disabilities living in the community to remain independent or self-sufficient. The functional impairment may be temporary, short term, or a permanent or long-lasting condition.

home-delivered meal (HDM)

A meal provided to qualified individual in his/her place of residence. The meal is served in a program administered by AAA and meets all of the requirements of the Older Americans Act and State/Local law.

home equity conversion mortgage (Housing term)

Creative financial product that allows older adults or persons with disabilities to turn home equity into cash flow and allows them to stay in their homes.

home health aide

A Department of Health term set out in 410 IAC 17-6-1(d) through (k) (Indiana) and 42 CFR, Part 484.36 (federal) that provides information regarding home health aide qualifications, the subject areas covered in the aide training program and in the competency-evaluation program, and the frequency of supervisory visits.

home health aide services

The provision of professionally directed services as defined in the plan of care and performed by a trained home health aide in the client's home. A home health aide is under the general supervision of a registered nurse. A home health aide provides personal care such as assistance with grooming and personal hygiene. (see 410 IAC 17-1.1-11; 410 IAC 17-6-1(d) through (k); 42 CFR, Part 484.36.)

home health services and supplies

Includes all health-service activities performed in the home, including supervision of administering medication and dressing changes.

home repair and maintenance services

Planned and supervised maintenance or repair activities essential for the prevention and/or correction of health and safety hazards that would prevent premature institutionalization of older adults or persons with disabilities.

homebound (as related to Nutrition Services)

The status of individuals that are physically homebound (by reason of illness or incapacitating disability and under the care of a physician) and/or socially

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<sup>1</sup> Added 7/01/05

homebound; and are unable to prepare meals for himself or herself because of:  
limited physical mobility; or  
a cognitive impairment; or  
lacks the knowledge or skills to select and prepare nourishing and well-balanced meals; and  
lacks an informal support system such as family, friends, neighbors, or others who are willing and able to perform the service(s) needed, or the informal support system needs to be temporarily or permanently supplemented.  
Transportation is not provided.<sup>1</sup>

homemaker services

Includes direct and practical assistance with household tasks and related activities when the client or an informal caregiver is unable to meet the client's needs.

hospital discharge planner (IPAS and PASRR)

An employee of an acute-care hospital who is responsible for performing the necessary activities associated with identification of service needs and linkage to service providers following discharge from the hospital.

The acute-care hospital discharge planner may be appointed by the local IPAS agency, with approval of the FSSA DA, to function as an IPAS program designee to authorize "direct from hospital" temporary admissions to a NF. The discharge planner designee will base such approval on the applicant's need for care as demonstrated in a review of the hospital's record ("substantially complete assessment").

host agency (SCSEP - Title V term)

A public agency or private nonprofit organization, other than a political party or any facility used or to be used as a place for sectarian religious instruction or worship, that is exempt from taxation under certain provisions of the Internal Revenue Code of 1986, which provides a work site and supervision for an enrollee.

Housing and Urban Development (HUD)

United States Department of Housing and Urban Development administers programs concerned with housing needs and fair housing opportunities nationally.

housing with services establishment (HWSE)

An establishment that provides sleeping accommodations to at least five residents and offers or provides for a fee a variety of supportive services further described in IC 12-10-15-6. An operator of a HWSE must file a disclosure form with **FSSA DA** that sets forth the contract provisions between the HWSE and the resident as well as other information listed in IC 12-10-15-11. (see *disclosure form*)

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<sup>1</sup> Added 7/01/05

incapacitated person

An individual who:

- (a) Cannot be located upon reasonable inquiry;
  - (b) Is unable:
    - (1) To manage in whole or in part the individual's property;
    - (2) To provide self care; or
    - (3) Both;
- Because of insanity; mental illness; mental deficiency; physical illness; infirmity; habitual drunkenness; excessive use of drugs; incarceration; confinement; detention; duress; fraud; undue influence of others on the individual; or other incapacity; or
- (c) Has a developmental disability (as defined in IC 12-7-2-61).

Independent case manager

Case-management services can be provided to older adults and persons with disabilities by private, independent case-management companies or by individual case managers outside of the AAAs, if the personnel providing the case-management services meet the minimum qualifications for an individual case manager.

independent service provider

A person who is paid to provide services to an older adult client and who is not acting as an agent of a service provider agency.

Indiana Governor's Conference — see *Governor's Conference on Aging and In-Home Services*.

Indiana Pre-Admission Screening (IPAS)

Also known as *pre-admission certification*. Pre-admission screening is an assessment process that evaluates for the appropriateness of NF admission and is required for every applicant, regardless of age, seeking admission to a NF. PAS provides the opportunity for the provision of long term care services in a location that is conducive to the physical and the psychological well-being of the individual while also functioning as an effective mechanism of health-care cost containment.

indirect costs

Costs that are incurred for a common purpose, benefit more than one objective or grant program, and are not readily assignable to individual programs.

**Individual Employment Plan or IEP (as related to SCSEP)**

**A plan for a participant that includes an employment goal, achievement of objectives, and appropriate sequence of services for the participant based on an assessment conducted by the subgrantee and jointly agreed upon by the participant. (OAA Section 502(b) (1) (N). Intensive services means those services authorized by Section 134(d) (3) of the Workforce Investment Act. <sup>1</sup>**

information and assistance services (I&A)

A service that includes all efforts to provide information about services or benefits available to older adults or persons with disabilities and assistance in accessing the services needed.

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<sup>1</sup> Moved from Section 9- 4/10/06

in-home services

Services provided for older adults or persons with disabilities in their own home or apartment, such as homemaker, home-health aide, attendant care, home-delivered meals, and case management.

IN-Home Services Program

Funding from federal, state, and local funds brought together to provide a broad-based approach to organizing and arranging for delivery of home- and community-based long-term care services to individuals at least 60 years of age and persons with disabilities who are at risk of losing their independence. A case management system implemented to provide a single point of entry for services through the AAAs.

INsite

An automated case management system designed to allow case managers to process individual cases via computers rather than using hard copy forms and procedures. INsite allows case managers to assign and select service providers and rates, and create individual care plans. INsite also has query and report capabilities to allow management of individual cases, including monitoring procedures. INsite is used to create fiscal records for CHOICE, SSBG and Title III funded services.

intake

The initial interview to identify the client's needs and to collect demographic data.

intermediate care facility/mentally retarded (ICF/MR)

A facility that cares solely or has particular services for the mentally retarded.

IPAS agency

The local entity designated by **DDRS** and under contract with Medicaid to administer the IPAS program and perform IPAS assessments. Currently, the IPAS agencies are synonymous with the 16 area agencies on aging.

IPAS area manager

An individual employed by the IPAS agency who is responsible for overall program operations. The individual must have a thorough understanding of the objectives and operation of the IPAS program and of long-term care services and must be able to function effectively in a leadership position with the screening team. The area team must be able to assure the accomplishment of the IPAS process by providing necessary direction and technical assistance.

IPAS coordinator

An individual employed by the IPAS agency, subject to the approval of FSSA DA , who may authorize temporary admittance to a NF within the parameters of the IPAS program without the final approval required under IPAS.

IPAS designee

An individual appointed by the IPAS agency, subject to the approval of the FSSA DA , who may authorize temporary admittance to a NF within the parameters of the IPAS program without the final approval required under IPAS.

institutional care

Continuous, 24-hour NF care provided by, among others, hospitals, skilled-nursing facilities for the mentally retarded, community residential facilities for the developmentally disabled, and state-owned and -operated mental hospitals.

interpreting/translating

A service that provides for explaining oral and written communication to a person who cannot understand English and/or has disabilities that hinder conventional communication methods.

Isolation (as related to Nutrition Services)

Isolation due primarily to an individual residing in a rural location which does not afford access to a congregate meal setting because:

- (1) A congregate setting is not located or available in the community; and
- (2) No transportation is available to a neighboring community with a congregate setting; or
- (3) The eligible individual is not able, or chooses not, to drive to a neighboring community with a congregate setting.<sup>1</sup>

-J-

### **Jobs for Veterans Act**

**The program established in Section 2 of the Public Law 107-288 (2002) (38 U.S.C. 4215), that provides a priority for veterans and the spouse of a member of the Armed Forces on active duty who has been listed for a total of more than 90 days as missing in action, captured in the line of duty by a hostile force, or forcibly detained by a foreign government or power, the spouse of any veteran who has a total disability resulting from a service-connected disability resulting from a service connected disability so evaluated was in existence, who meet program eligibility requirements to receive in any DOL funded workforce development program.<sup>2</sup>**

-K-

- L -

least-restrictive environment

An environment that does not limit life activities unnecessarily and in which older adults or persons with disabilities may receive appropriate services.

Legal Assistance Services (also known as *Legal Service*)

Legal advice and representation for persons over 60 years of age (as funded under OAA) in civil matters by an attorney and counsel, or representation by a non-lawyer where permitted by law, including counseling or other appropriate assistance by a paralegal and under the supervision of an attorney regardless of location.

The medical, physical, and social care given to persons who have severe chronic impairments. Can mean care in the home by family members, assistance through voluntary or employed help, or care in an institution.

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<sup>1</sup> Added 7/01/05

<sup>2</sup> Moved from Section 9 - 4/10/06

**Level I: Identification Screen (IPAS and PASRR)**

A screening tool that consists of eight questions designed to ascertain an individual's condition to determine the following: (1) whether the PASRR definition of mental illness (MI) and/or MR/DD is met; and (2) the need for NF services, specialized services, and/or services of a lesser intensity than specialized services.

**Level II: PASRR Assessment (IPAS and PASRR)**

A multidimensional assessment designed to assess or evaluate the individual's condition to determine whether the PASRR definition of mental illness (MI) and/or MR/DD applies.

**licensed health facility administrator (IPAS and PASRR)**

An individual employed by a licensed comprehensive-care facility/NF to manage, supervise, and have general administrative charge over its operation. The administrator may or may not have any ownership interest in the facility. His or her functions and duties may be shared with one or more other individuals.

**Long Term Care Eligibility Screen**

**Eligibility screen used by the FSSA DA to make eligibility determinations. The long term eligibility screen must conform to the established activities of daily living.<sup>1</sup>**

**Local Board (as related to SCSEP)**

**A local Workforce Investment Board established under Section 117 of the Workforce Investment Act.<sup>2</sup>**

**local Workforce Investment Area or local area (as related to SCSEP)**

**An area established by the Government of a State under Section 116 of the Workforce Investment Act.<sup>3</sup>**

**low-income**

Persons who are at or below the income level as determined by the OMB for a given number of persons per household.

**low-income minority elderly**

Minority elderly with an annual income at or below the federally established poverty level.

- M -

**means test**

Procedures used to determine if and how much of a client's income and resources can be used to contribute to the individual's authorized services. Evaluation of an older adult's income or resources to determine eligibility for services.

**mediation (negotiation) (Legal Assistance term)**

Action or remedy to resolve minor disputes on rights, benefits, and services. As the client's representative, program staff may contact other persons concerned with the client's legal problem in order to clarify factual or legal contentions and possibly reach an agreement to settle legal claims.

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<sup>1</sup> IC 12-10-10-4.5 added 4/10/06

<sup>2</sup> Moved from Section 9 - 4/10/06

<sup>3</sup> Moved from Section 9 - 4/10/06

## Medicaid

A medical-assistance program that provides federal grant dollars to match state dollars for programs of hospital and medical services. Medicaid provides reimbursement for medical and health-related services to persons who are medically indigent. NF care for needy older adults is also covered by Medicaid.

## Medical Food (as related to Nutrition Services as defined in Public Law 100-290)

The Orphan Drug Amendment of 1988 is food which is formulated to be consumed or administered internally under supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.<sup>1</sup> Medical foods are known by a variety of names, such as nutrition supplements, "liquid meals", and oral supplements. However, the most appropriate statutory term is medical food. Medical foods may not replace conventional meals unless a physical disability warrants their sole use.

## Medical Nutrition Therapy (as related to Nutrition Services)

Medical nutrition therapy (MNT), a multi-step process begins with assessment of the nutritional status of the individual with a condition, illness, or injury that puts them at nutritional risk. MNT is often an important component of the clinical management of chronic diseases, such as heart, lung, kidney diseases, stroke, diabetes, and some types of cancer. MNT is also used in the treatment of acute conditions, such as fractures, pre/post surgery, burns, and other traumas. MNT also addresses the multitude of factors influencing one's nutritional status, from chewing and swallowing problems, appetite changes, gastrointestinal problems such as nausea, vomiting, diarrhea and constipation, food procurement problems of mobility and limited finances. Once significant nutrition problems are identified, a care plan is then developed that includes provision of appropriate type(s) of nutrition services including diet modification, counseling and/or nutrition interventions/ treatments using special products. While medical nutrition therapy involves the expertise of a registered/licensed dietitian, the care plan is often a multidisciplinary effort because of the multi-factorial nature of malnutrition problems.<sup>2</sup>

## Medicaid Waiver

**The Medicaid waiver programs are funded with both State and Federal dollars. All waiver programs have been initiated by the Indiana General Assembly and approved by the CMS. Eligibility for all waiver programs requires:**

**The recipient must meet Medicaid guidelines.**

**The recipient would require institutionalization in the absence of the waiver and/or other home based services.**

**The total aggregate Medicaid cost of serving the recipient on the waiver (waiver cost plus other Medicaid services) cannot exceed the total aggregate cost to Medicaid for serving the recipient in an appropriate institutional setting. Current Indiana waivers include:**

**Aged and Disabled waiver  
Autism Waiver  
DD Waiver**

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<sup>1</sup> Use of Medical Food and Food for Special Dietary Uses in Older Americans Act Nutrition Program, 5/04: National Policy & Resource Center on Nutrition & Aging, Florida International University. Added 7/01/05

<sup>2</sup> Added 7/01/05

**Medically Fragile Children's waiver  
Traumatic Brain Injury Waiver  
Assisted Living Waiver  
Support Services Waiver**

**Medicaid Waivers administered by the FSSA DA are the Aged and Disabled Waiver, the Assisted Living Waiver, the Traumatic Brain Injury Waiver and the Medically Fragile Children's Waiver.<sup>1</sup>**

**Medically Fragile Children Medical Model Waiver**

A Medicaid-funded program that provides in-home and community-based services on behalf of medically fragile children and is designed to divert or deinstitutionalize certain special-needs children from hospital or NF care. In addition to being Medicaid eligible, the client must (1) be less than 18 years of age; (2) be medically fragile, with severe, chronic physical conditions that result in prolonged dependency on medical care or technology to maintain health and well-being characterized by periods of acute exacerbation or life-threatening condition; and (3) have a need for extraordinary supervision and observation and frequent or time-consuming administration of specialized treatments or have a dependency on mechanical support devices.

**medically underserved area (MUA)**

A designation granted by the United States Public Health Service for a county, a census tract, or a minor civil division. The designation of MUAs has significance for eligibility or priority in a number of federal health programs, including Title III-Part F of the OAA.

The MUA index developed by the federal government uses the percentage of population below poverty level, the percentage of population over 65 years of age, the average infant-mortality rate for the preceding five years, and the number of primary care physicians per 1,000 people for each area to define medical underservice.

**medically underserved population**

The population of an urban or rural area with a shortage of personal-health services. Another population group may be defined in terms of one or more of the following categories: population with incomes below the poverty level, number of persons Medicaid eligible, medically indigent population, migrant workers and their families, and Indians or Alaskan natives.

**Medicare**

A national health-insurance program for people 65 years of age or older, certain persons with disabilities who are under 65 years of age, and people of any age who have permanent kidney failure. The Health Care Financing Administration (HCFA) is the agency that administers the Medicare program.

(a) Hospital insurance (Part A Medicare) is financed by a portion of payroll (FICA) tax that also pays for Social Security; and

(b) Medical insurance (Part B Medicare) is partly financed by monthly premiums paid by the people who choose to enroll.

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<sup>1</sup> Added 4/10/06

mental illness

Emotional disability that seriously impairs feelings, thought processes, and behavior to such a degree that working, relating, and communicating with others becomes difficult or impossible. There are usually biological, psychological, and socioenvironmental factors influencing the development of a mental illness.

mental retardation (MR)

A significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

minor

An individual who is less than 18 years of age and who is not an emancipated minor.

minor home modifications services

Selected internal and external modifications to the home environment that will assist older adults and persons with disabilities to increase their functional ability and enhance their safety and well-being in order to avoid institutionalization.

minority elderly

Persons over the age of 60 who are:

- (a) American Indian or Alaska Native;
- (b) Asian or Pacific Islander;
- (c) Black, not of Hispanic origin; or
- (d) Hispanic.

Moderate Nutritional Risk (as related to Nutrition Services)

An individual who scores a 4 or 5 on the *Determine Your Nutritional Health Checklist* published by the Nutrition Screening Initiative.<sup>1</sup>

Modified Meals (as related to Nutrition Services)

The consistency of the food is changed by chopping, pureeing, thickening, blending, mincing, braising, or otherwise softening hard to chew foods, such as meats, poultry, etc. The provision of such foods should be planned and prepared under the advice of a physician, registered nurse, registered dietitian, or other appropriate professional, such as an Occupational Therapist or Speech Therapist.<sup>2</sup>

money management services

The Money Management Program was established in coordination with AARP/LCE, the SSA, and nonprofit agencies at the local level. The two components of the Money Management Program are (a) the representative payee component, where trained volunteers manage the benefits of individual clients, and (b) the bill-payer component where the client retains control of his or her money, receiving assistance on money management from trained volunteers.

monitoring

The ongoing process of gathering and analyzing data for the purpose of evaluating program performance and compliance.

multi-purpose senior center (MPSC) (Older Americans Act)

A community facility for the organization and provision of a broad spectrum of services that shall include health, social, nutritional, and educational services, and the provision of facilities for recreational activities for older adults.

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<sup>1</sup> Added 7/01/05

<sup>2</sup> Added 7/01/05

**National grantee (as related to SCSEP)**

**Federal public agencies and organizations, private nonprofit agencies and organizations, or Tribal organizations that operate under Title V of the OAA that are capable of administering multi-State projects under a national grant from the DOL. (See OAA Section 506(g)(5)).<sup>1</sup>**

**needs assessment services**

The evaluation of needs of older adults and persons with disabilities in communities where all federal and state services are not currently available.

**neglect (Older Americans Act)**

The failure to provide for oneself or the failure of a caregiver to provide the goods or services necessary to avoid physical harm, mental anguish, or mental illness.

**Non-Coercive (as related to Nutrition Services)**

Does not force a participant to act or think in a given way by pressure, threats, or intimidation.<sup>2</sup>

**no means test (SSBG)**

No eligibility limitations.

**non-eligible participant**

Person required to pay full costs of a service, such as a meal eaten at a congregate meal site.

**non-profit (Older Americans Act)**

An agency, institution, or organization that consists of, or is owned and operated by, one or more corporations or associations. No part of its net earnings inures, or may lawfully inure, to the benefit of any private shareholder or individual. (501(C)(3) entity.

**nursing facility (NF) (also see *comprehensive care facility*)**

A health-care facility that provides health-related care and services that are above the level of room and board and below the level of acute care provided in a hospital setting and:

- (a) Is primarily engaged in providing nursing care and related services for patients who require medical or nursing care and rehabilitation services;
- (b) Has formal policies that are developed with the advice of a group of professional personnel to govern the nursing care and related medical services it provides;
- (c) Has a physician, a registered professional nurse, or a medical staff responsible for the execution of such policies;
- (d) Requires that the health care of every patient be under a physician's supervision and makes provision for a physician to be available to furnish necessary emergency medical care;
- (e) Maintains medical records on all patients;

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<sup>1</sup> Moved from Section 9 - 4/10/06

<sup>2</sup> Added 7/01/05

- (f) Provides 24-hour nursing service with at least one registered professional nurse present at all times;
- (g) Provides for dispensing and administering of drugs;
- (h) Has a utilization-review plan that meets the requirements of the law;
- (i) May be certified to participate in Medicare or Medicaid or both; and
- (j) Is licensed pursuant to Indiana law and approved by the state agency responsible for licensing institutions of this nature as meeting standards established for such licensing.

#### nursing-facility payments

Payments (including both federal and state share) to Medicaid certified vendors for NF services. Payments to nursing facilities fall into two principal categories—payments to an intermediate-care facility for the mentally retarded (ICF/MR) and payments to other nursing facilities that include all other Medicaid-certified ICF and skilled-care facilities. ICF services include all services provided by an institution furnishing health-related care and services to individuals who do not require the degree of care provided by hospitals or skilled-nursing facilities as defined under Title XIX of the SSA.

#### nutrition counseling (As related to Nutrition Services)

Information and guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietitian, and addresses the options and methods for improving nutrition status.<sup>1</sup>

#### nutrition education

A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a Dietitian or individual of comparable expertise.<sup>2</sup>

Nutritional Supplement - See medical food definition.<sup>3</sup>

#### Nutrition Services Incentive Program (NSIP)<sup>4</sup>

A Nutrition Services Incentive Program (NSIP) Meal is a meal served that meets all the requirements of the OAA, means at a minimum that: (1) it has been served to a participant who is eligible under the OAA and has NOT been means-tested for participation; (2) it is compliant with the nutrition requirements; (3) it is served by an eligible agency; and (4) it is served to an individual who has an opportunity to contribute. NSIP meals also include home delivered meals provided as Supplemental Services under the National Family Caregiver Support Program (Title III-E) to persons aged 60 and over who are either care recipients (as well as their spouse of any age) or caregivers.

#### Nutrition Service Provider (as related to Nutrition Services)

Organization designated by the AAA to provide nutrition services with the program

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<sup>1</sup> Added 7/01/05

<sup>2</sup> Administration on Aging, HHS, Reporting Requirements For Title III and VII, September 26, 2003

<sup>3</sup> Added 7/01/05

<sup>4</sup> Added 7/01/05

service area.

- O -

#### Ombudsman

As required by the OAA, the ombudsman is responsible for responding to complaints regarding the health, welfare, quality of life, and rights of NF residents. The ombudsman is required to investigate complaints and to provide information regarding the program, NF/patient responsibilities, and patient rights to anyone who is interested.

#### Office of Management and Budget (OMB)

A federal agency with the authority to assemble and revise the requests for appropriations of various federal departments and establishments as well as wholly owned government corporations.

#### Office of Medicaid Policy and Planning (OMPP)

The state agency that does the following: administers the Medicaid program in Indiana; handles reimbursements to Medicaid providers; grants prior authorization to nursing facilities for level of care; terminates Medicaid eligibility for the Medicaid disability program; and is involved in policy issues that affect determination of Medicaid benefits.

#### Old Age, Survivors, Disability, and Health Insurance Program (OASDHI)

A program administered by the SSA that provides monthly cash benefits to retired or disabled workers and their dependents and to survivors of insured workers. It also provides health-insurance benefits for persons 65 years of age and older, and for the disabled under 65 years of age. The health-insurance component of OASDHI was initiated in 1965 and is generally known as Medicare. (see *Medicare*)

#### older adult

An individual who is 60 years of age or older. <sup>1</sup> For some services and programs, other than those supported through Title III funding, older adult refers to an individual who is 55 years of age or older.

#### Older Americans Act (OAA)

Federal legislation first enacted in 1965 that created the structure for dealing comprehensively with the needs of older adults through the AoA within the DHHS. Each section of the act is called a *title* and makes provision for various services to older adults. The act's eight titles are:

Title I	Declaration of Objectives
Title II	Administration on Aging
Title III	Grants for State and Community Programs on Aging
Title IV	Training, Research, and Discretionary Projects and Programs
Title V	Older American Community Service Employment Program
Title VI	Grants for Native Americans
Title VII	Allotments for Vulnerable Elder Rights Protection Activities

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<sup>1</sup> Older Americans Act, Section 102 (34)

## Older Hoosier Account

A state appropriation of funds to be used by the FSSA DA to cost share/match dollars with various funding sources that support programs and activities for older adults.

## ombudsman

As required by the OAA, the ombudsman is responsible for responding to complaints regarding the health, welfare, quality of life, and rights of NF residents. The ombudsman is required to investigate complaints and to provide information regarding the program, NF/patient responsibilities, and patient rights to anyone who is interested.

## One-Stop Center (as related to SCSEP)

The One-Stop Center system in a WIA Local Area which must include a comprehensive One-Stop Center through which One-Stop partners provide applicable core services and which provides access to other programs and services carried out by the One-Stop partners. (See WIA SECTION 134(c)(2)).<sup>1</sup>

## One-Stop Delivery System (as related to SCSEP)

A system under which employment and training programs, services, and activities are available through a network of eligible One-Stop partners, which assures that information about and access to core services is available regardless of where the individuals initially enter the statewide workforce investment system. (WIA SECTION 134(c)(2)).<sup>2</sup>

## One-Stop partner (as related to SCSEP)

An entity described in Section 121(b)(1) of the Workforce Investment Act; i.e., required partners, and an entity described in section 121(b)(2) of the Workforce Investment Act, i.e., additional partners.<sup>3</sup>

## Other participant (enrollee) cost (as related to SCSEP)

The cost of participant training, including the payment of reasonable costs to instructors, classroom rental, training supplies, materials, equipment, and tuition, and which may be provided on the job or in conjunction with a community service assignment, in a classroom setting, or under other appropriate arrangements; job placement assistance, including job development and job search assistance; participant supportive services to assist a participant to successfully participate in a project, including the payment of reasonable costs of transportation, health care and medical services, special job-related or personal counseling, incidentals (such as work shoes, badges, uniforms, eyeglasses, and tools), child and adult care, temporary shelter, and follow-up services; and outreach, recruitment and selection, intake orientation, and assessments. (OAA Section 502(c)(6)(A)).<sup>4</sup>

## outreach services

Activities initiated to seek out and identify hard-to-reach individuals; provide information about available services and benefits; explain how individuals may

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<sup>1</sup> Moved from Section 9 - 4/10/06

<sup>2</sup> Moved from Section 9 - 4/10/06

<sup>3</sup> Moved from Section 9 - 4/10/06

<sup>4</sup> Moved from Section 9 - 4/10/06

become recipients of services; or identify persons with the greatest social and/or economic needs.

over-the-counter drug (OTC drug)

A drug that is advertised and sold directly to the public without a prescription.

- P -

parent

A biological or adoptive parent. The term does not include a stepparent, foster parent, or grandparent.

Part B payments

Payments made on behalf of persons eligible for Medicare Supplementary Medical Insurance (SMI) by the state Medicaid program as part of a coverage group under a federal-state agreement.

**Participant (as related to SCSEP)**

**An individual who is eligible for, has been enrolled and is receiving services as prescribed under subpart E of this part.<sup>1</sup>**

payment to client (as related to SCSEP)

Direct financial assistance in the form of money or a voucher. Includes wages (such as for the OACSEP), stipends, and supplemental living allowance payments made directly to the client or paid to a provider on the client's behalf.

periodic

*Periodic*, as used in the OAA with respect to evaluations of and public hearings on activities carried out under state and area plans, means, at a minimum, once each fiscal year.

permanent guardianship (Guardianship term)

This type of guardianship is of permanent duration and is established after a full hearing. A person is judged incapacitated, and a guardianship is established providing either for the care of the protected person or total management of his or her estate, or both. The protected person loses substantial rights to self-determination and in many states may no longer vote, marry, make a will, sign a contract, or choose his or her own residence. The guardianship continues until either the court enters an order to terminate the guardianship or the protected person dies.

person

An individual or an organization, association, nonprofit corporation, corporation for profit; limited-liability company, partnership, financial institution, trust; or other governmental entity or other legal entity.

Person-In-Charge (as related to Nutrition Services - Indiana Retail Food Code Title 410 IAC 7-24, Section 96, (Effective **November 13, 2004**)

Indiana Retail Food Code requires that there be a "person-in-charge" at the food establishment during all hours of operation. The person shall be able to identify and take corrective actions to eliminate high-risk practices that increase the potential for food-borne illness.<sup>2</sup>

person with disabilities

Any person who (a) has a physical, mental, or emotional impairment, or any

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<sup>1</sup> Moved from Section 9 - 4/10/06

<sup>2</sup> Revised 4/10/06

combination thereof that substantially limits one or more of the person's major life activities; (b) has a record of such impairment; or (c) is regarded as having such an impairment.

personal assistance (Medicaid waiver)

Service that provides the necessary assistance to help clients meet their daily needs and to ensure adequate functioning in an independent-living arrangement or within the family or alternative-family home.

The primary emphasis of the service is on direct assistance with daily living and personal-adjustment activities, rather than the achievement of habilitative goals and objectives by the individual.

Personal Emergency Response System Supports (PERS)

An electronic communication device that allows an individual to communicate the need for immediate assistance in case of an emergency.

physical harm (Older Americans Act)

Bodily injury, impairment, or disease.

physician (IPAS and PASRR)

A duly licensed medical practitioner who is the applicant's medical doctor of choice, as designated by the applicant at the time of application for IPAS. The physician must know or be able to obtain knowledge of the individual's overall functioning abilities and specialized service needs.

**Placement (as related to SCSEP)**

**Employment placement into public or private unsubsidized employment means full-or part-time paid employment in the public or private sector by a participant for 30 days within a 90-day period without the use of funds under Title V or any other Federal or State employment subsidy program, or the equivalent of such employment as measured by the earnings of a participant through the use of wage records or other appropriate methods. (OAA Section 513(c)(2)(A)).<sup>1</sup>**

plan of care—see *care plan*

planning and service area (PSA) (Older Americans Act)

Distinct area designated after consideration of geographical distribution of older adults in the state; the incidence of the need for supportive services, nutrition services, multipurpose senior centers, and legal assistance; the distribution of older adults who have greatest economic need (with particular attention given to low-income minorities) residing in such areas; the distribution of older adults who are Native Americans; the distribution of resources available to provide such areas or centers; and the boundaries of existing areas within the state that were drawn for the planning or administration of supportive services programs, the location of units of general purpose local government within the state, and any other relevant factors and served by a designated AAA.

plenary (full) guardianship

This type of guardianship is of permanent duration and is established after a full hearing. A person is judged incapacitated and a guardianship is established providing for the care of the protected person. The protected person loses substantial rights to self-determination, and in many states, may no longer vote, marry, make a

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<sup>1</sup> Moved from Section 9 - 4/10/06

will, sign a contract, or choose his own residence. The guardianship continues until either the court enters an order to terminate the guardianship or the protected person dies. In some states the plenary guardianship is established for both the protected person's person and estate.

**Poor employment prospects (as related to SCSEP)**

**The likelihood that an individual will not obtain employment without the assistance of SCSEP or any other workforce development program. Persons with poor employment prospects include, but are not limited to, those without a substantial employment history, basic skills, and/or English-language proficiency; displaced homemakers, school dropouts, persons with disabilities, including disabled veterans, homeless individuals, and individuals residing in socially and economically isolated rural or urban areas where employment opportunities are limited.**<sup>1</sup>

poverty line (Older Americans Act)

The official poverty line as defined by the OMB and adjusted in accordance with the Community Services Block Grant Act.<sup>2</sup>

Pre-Admission Screening/Resident Review (PASRR)

A program funded by Medicaid that assesses the needs of persons with MI or MR/DD who are applicants to or residents of NFs for identifying needed services and to determine if NF placement is appropriate.

Pre-packaged Meals (as related to Nutrition Services)

A program meal that is pre-portioned on plates, trays, or other single service containers at an Indiana State Department of Health licensed facility for delivery to a non-traditional setting for immediate consumption.<sup>3</sup>

preparation of legal documents (Legal Assistance Service)

Time spent preparing documents that support any other allowable activity. Writing documents that serve to protect individual rights, such as contracts and advance directives.

priority services

Services for which an AAA must spend at least a specified adequate portion of its Title III-B social services allotment (excluding the amount used for administration). Priority services are access, in-home, and legal assistance. There is also established minimum percentage expenditure for the delivery of ombudsman services at the state level.

program development

Activities directly related to either the establishment of a new service or the improvement, expansion, or integration of an existing service. Program-development activities must be intended to achieve a specific service goal or objective and must occur within a specified time period, rather than being cyclical or ongoing.

program income

All funds directly resulting from service delivery, specifically including contributions from eligible clients and charges to non-eligible clients. Also, earnings realized from grant- or contract-supported activities, including such fees for service or sales of supplies or assets. Interest earned on cash deposits or investments is not program

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<sup>1</sup> **Moved from Section 9 - 4/10/06**

<sup>2</sup> Older Americans Act Section 102, (38)

<sup>3</sup> Added 7/01/05

income.

Program year (as related to SCSEP)

One-year period beginning July 1 and ending on June 30. (OAA Section 515(b)).

Project

an undertaking by a grantee or subgrantee according to a grant agreement that provides community service, training, and employment opportunities to eligible individuals in a particular location within a State.

promulgate

Usually refers to federal regulations, just as the term *adopt* is usually used to refer to state rules. To publish or make known officially; to put a law into effect by publishing its terms.

protected person (Guardianship term)

An individual for whom a guardian has been appointed or with respect to whom a protective order has been issued.

protective proceeding

A proceeding for a protective order under IC 29-3-4.

protective services

Services necessary to ensure that older adults are aware of their rights; that the rights of persons with disabilities are protected; and, in cases of abuse, that the least restrictive services are available to alleviate abuse. Protective services may include adult protective services, bill-payer services, guardianship services, legal assistance services, ombudsman services, and representative payee services.

provider/service provider

A person or entity approved by the **DDRS** or its designee to provide the individual with agreed upon services.

public hearing

An open and publicly announced meeting in which the public, administrative, and elected officials have the opportunity to participate and comment on issues.

- Q -

quality assurance

The process of assessing, evaluating, and measuring the degree and consistency of the quality of services and programs and taking responsibility for following up with appropriate action in response to the results of quality assessment.

quorum

The minimum number of members who must be present at a meeting in order for business to be legally transacted.

- R -

recipient

A grantee includes "recipients" as defined in 29 CFR 95.2(g) and "grantees" as defined in 29 CFR 97.3.<sup>1</sup>

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<sup>1</sup> Moved from Section 9 - 4/10/06

referral

The practice of recommending a client for specific services or programs or an individual who has been referred for services.

Region V

One of the federal regional offices whose function is to work directly with the state agencies administering DHHS federal programs. The FSSA DA reports to the AoA office of Region V.

Registered Dietitian (R.D.) (as related to Nutrition Services)

An individual who has completed academic and experience requirements established by the Commission on Dietetic Registration (CDR) ADAs (American Dietetic Association) credentialing agency, including a minimum of a bachelor's degree from an accredited college/university, and an accredited preprofessional experienced program. Also, adheres to continuing professional educational requirements to maintain registration established by the CDR.<sup>1</sup>

Regular Diet (as related to Nutrition Services)

A meal which adheres to the **Meal Planning Requirements** and **Appendix A: Menu Standards**.

regulation

A term usually applied to the interpretation of federal statutes that provide detailed procedures for performing services under those laws. *Rule* is the term usually applied to the interpretation of state statutes.

representative payee

An individual who is appointed by a government agency to handle the government checks, such as Social Security or Civil Service, of someone who is unable to manage his or her financial affairs.

Request for Approval to Authorize Services

A form that is required to be completed and submitted to the appropriate administering entity, when requesting funds to purchase services, modifications, aids or devices.

**Request for Proposals (RFP)**

**Initial specifications for potential contract bidders; outlined programs.<sup>2</sup>**

**Residence (as related to SCSEP)**

**An individual's declared dwelling place or address as demonstrated by appropriate documentation.<sup>3</sup>**

Residential Care Assistance Program (RCAP)

RCAP provides state supplemental assistance through ARCH and RBA. The assistance is for eligible persons who are aged, blind, or disabled and who are unable to live in their own homes but have less than NF level of care needs. Financial eligibility is based on income and resources that are determined by the local Office of Family and Children. ARCH and RBA funding sources provide payment for room and board, laundry, nursing services, and minimal administrative duties. Individuals residing in a residential care facility are generally ambulatory and physically and mentally capable of managing their own affairs.

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<sup>1</sup> Added 7/01/05

<sup>2</sup> **Added 4/10/06**

<sup>3</sup> **Moved from Section 9 - 4/10/06**

respite care services

Service provided to individuals unable to care for themselves that are furnished on a temporary, intermittent, short term basis because of the absence or need for relief of an unpaid caregiver.

responsible party (IPAS and PASRR)

An individual chosen by an applicant, or if the applicant is a minor or has been adjudicated incompetent, a parent or the legal representative of an applicant who assists in the process of making application for IPAS. The legal representative must sign all applicable documents.

restoration (Guardianship term)

The court may find that the protected person's capacity to make and communicate decisions has improved sufficiently such that a guardianship may no longer be necessary. A hearing may be required to make this determination. This situation most commonly arises when the protected person has an illness or injury from which he or she recovers after a period of time.

Retail Food Establishment

"Retail Food Establishment" mean an operation that stores, prepares, packages, serves, vends, or otherwise provides food for human consumption. For specific definitions, see Retail Food Establishment Sanitation Requirements, Title 410 IAC 7-24, Section 79 (Effective **November 13, 2004**), Indiana State Department of Health.<sup>1</sup>

**Retention in public or private unsubsidized employment (as related to SCSEP)**

**Full-or part-time paid employment in the public or private sector by a participant for 6 months after the starting date of placement into unsubsidized employment without the use of funds under Title V or any other Federal or State employment subsidy program.(OAA Section 513(c)(2)(B)).<sup>2</sup>**

Retention Schedule (as related to Nutrition Services)

Ideally, a retention schedule describes a discrete set of records and outlines its disposition, which allows researchers to determine the location and/or the existence of records dealing with a particular topic or issue. Consequently, retention schedules are key to understanding what records are produced by the AAA and their contractors.<sup>3</sup>

Room and Board Assistance Program (RBA)—see *Residential Care Assistance Program*

rural elderly

Older persons who live in rural zip code designations as defined by the federal AoA.

- S -

senile dementia

A broad term that includes several subgroups such as Alzheimer's disease, multiple strokes, normal-pressure hydrocephalus, and other similar disorders. Dementia symptoms include changes in memory that can be mild, but can become severe to

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<sup>1</sup> Revised 4/10/06

<sup>2</sup> Moved from Section 9 - 4/10/06

<sup>3</sup> Added 7/01/05

the point of total loss of recent and remote memory, developing into a confused state and, eventually, death.

senior center

Senior centers are the hub of community services and are often the entry point into the service network for older adults. They offer a broad spectrum of services to older adults including health, social, and educational services, and some centers serve as meal sites.

senior center activities

Activities and services provided in senior centers that prevent isolation, improve personal life satisfaction, and promote successful independent living. Activities may include intergenerational activities, current-events discussions, field trips, health-promotion/fitness activities, recreational activities, and arts and crafts activities.

Senior Community Employment Service program (Title V)

A program that fosters and promotes useful, part-time employment opportunities for low-income persons (below 125% of poverty guidelines) who are 55 years of age or older.

**service area (as related to SCSEP)**

**The geographic area served by a local project.<sup>1</sup>**

service authorization

The function of approving the type and quantity of services a client can receive, in accordance with state policies. Explicit authorization is needed for a client to gain access to the program's services.

service provider

Local organizations, businesses, companies, and individuals that area agencies contract with to deliver various services under the area plan to eligible older adults and persons with disabilities.

severe disability

A chronic disability attributable to mental or physical impairment or a combination of mental or physical impairments that:

- (a) Is likely to continue indefinitely; and
- (b) Results in substantial functional limitation in three or more of the following activities:
  - (1) Self-care;
  - (2) Receptive and expressive language;
  - (3) Learning;
  - (4) Mobility;
  - (5) Self-direction;
  - (6) Capacity for independent living; and
  - (7) Economic self-sufficiency.

shared housing (Housing term)

Arrangement in which two or more related persons share a house or apartment. Usually private sleeping quarters are available while the rest of the house is shared.

single point of entry

Refers to an identifiable local agency with primary responsibility for access and

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<sup>1</sup> Moved from Section 9 - 4/10/06

linkage. Functions performed as a part of the single entry point mechanism can include screening; assessment; eligibility; development of a care plan; service authorization; referral; arrangement of services; monitoring; client tracking; and reporting. The 16 AAAs are the single point of entry for the IN-Home Services Program.

single-room occupancy (Housing term)

Renter-occupied one-room housing units in an apartment building or a residential hotel available to low-income persons.

Social Security Administration (SSA)

As part of the United States DHHS, SSA manages the Social Security Program. SSA manages Medicare through the Bureau of Health Insurance.

Social Security Retirement, Survivors, and Disability Insurance

Monthly cash benefits that are administered by the SSA.

Social Services Block Grant (SSBG)

SSBG is a consolidated federal grant given to states to use for a variety of services. The FSSA DA uses SSBG money to fund a compilation of in-home, community-based, and facility-oriented services targeted for low-income older adults and persons with disabilities.

Special Meals (as related to Nutrition Services)

A meal which is designed to meet the particular dietary needs arising from the ethnic backgrounds, or religious requirements of program participants.<sup>1</sup>

special resident services

Provide screening and needs-assessment recommendations for older adults and mentally ill and mentally retarded persons regarding the appropriateness of NF placement. Also assists older adults and persons with disabilities who are unable to live in their own home but do not need the degree of care provided in a NF by providing supplemental cash assistance for residential care facilities.

Standardized Recipe (as related to Nutrition Services)

An established set of instructions describing the way a particular establishment prepares a particular dish. In other words, it is a customized recipe developed by an operation for the use of its own cooks, using its own equipment, to be served to its own patrons.<sup>2</sup>

state agency

The state agency designated by the state under Section 305 (a) (1) of the OAA, as amended 2000.

State Plan

A document submitted to the AoA, for approval, that outlines the rationale, goals, mission statement, assurances, and strategies for service delivery and systems enhancement of an aging network in a State.

state unit on aging

The term used by the AoA to identify the unit of state government that administers OAA funds and services.

subgrantee

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<sup>1</sup> Added 7/01/05

<sup>2</sup> Added 7/01/05

An agency that subcontracts with a grantee agency. Subgrantee usually refers to the service providers. (For SCSEP the subgrantee is the Area Agency on Aging)

subrecipient (Title V term)

A legal entity to which a subgrant is awarded by a recipient and that is accountable to

Sub-subgrantee (SCSEP term)

An agency that subcontracts with a subgrantee agency. Used when referring to entities such as *Experience Works*. (See Section 9 – Senior Community Service Employment Program)

Supplemental Security Income (SSI)

SSI is a federal program of income support for low-income aged, blind, or disabled persons administered by the SSA.

support

Care, maintenance, and education or training, if appropriate.

supported living services (Medicaid Waiver term)

Effective October 1, 1997, supported living services are designed to provide an individually tailored support service that combines the activities available through Residential-Based Habilitation and Personal Assistance. See *habilitation services*.

suspension (Guardianship term)

A guardian may be suspended by the court if he or she fails to perform duties properly, including adequate and timely reports to the court about care of the protected person and/or the estate.

- T -

target population

An identified group of persons toward which specific services are directed.

temporary guardianship (Guardianship term)

This guardianship is limited in duration and is usually sought when the protected person is in imminent danger or if the protected person has a temporary need (e.g., consent to medical treatment or surgery, change of residence, or temporary vesting of parental rights). Often a temporary guardianship is granted immediately with provision for a hearing within a matter of days. Temporary guardianships typically expire at the end of 30–180 days.

technical assistance (as related to Nutrition Services)

The provision of consultation/information toward which specific services are directed.<sup>1</sup>

therapeutic diets (as related to Nutrition Services)

Refer to the current edition of the Manual of Clinical Dietetics, American Dietetic Association, Chicago, Illinois for outlined Purpose, Indications for Use, Description, and Discussion Points.<sup>2</sup>

therapeutic diets include the following:

1. Carbohydrate Restricted Diet
2. Low-Concentrated-Carbohydrate Diet
3. Fat Restricted Diet

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<sup>1</sup> Added 7/01/05

<sup>2</sup> Added 7/01/05

4. Fiber-Restricted Diet
5. High-Fiber Diet
6. High-Calorie, High-Protein Diet
7. Long-Chain-Triglyceride-Restricted, Medium-Chain-Triglyceride Diet
8. Purine-Restricted Diet
9. Tyramine-Controlled Diet
10. Modified Mineral Diets
- Calcium-Rich Diet
- Iron-Rich Diet
- Potassium-Modified Diet
- Sodium-Restricted Diet<sup>1</sup>

title

A section of a state or federal law. (There are 36 titles in the Indiana Code; Title 12 refers to human services. There are eight titles in the OAA.)

Title III

The federal Social Security Act designed to assist older adults in leading independent lives and avoiding unnecessary institutionalization. The FSSA DA has the obligation to allocate federal program Title III funds to the state's area agencies on aging. (see *Older Americans Act*)

Title V (SCSEP)

The Older American Community Service Employment Act is a program that fosters and promotes useful, part-time employment opportunities for low-income persons (below 125% of poverty guidelines) who are 55 years of age or older. The goal of the program is to provide salary and wages for meaningful employment in the area of community service.

Title XIX (Medicaid)

A part of the Social Security Act that provides federal grants to match state programs of hospital and medical services for welfare recipients and the medically indigent. It is the principal legislative authority for the Medicaid program and, therefore, a common name for the program.

Title XX — see *Social Services Block Grant*

**training services (as related to SCSEP)**

**Services authorized by Section 134(d)(4) of the Workforce Investment Act.<sup>2</sup>**

transportation

Taking a client from one place to another.

transportation services

Services for the transportation of an individual in a vehicle by a provider approved under this article to provide transportation services.<sup>3</sup>

- U -

unit of general purpose local government

A political subdivision of a state that is generally a city; municipality; county; township; town; borough; other subdivision; or an Indian tribal organization whose

<sup>1</sup> Added 7/01/05

<sup>2</sup> **Moved from Section 9 - 4/10/06**

<sup>3</sup> 460 IAC 1.1-3-52

authority is general and not limited to only one function or combination of related functions. (OAA).

unit of service

A measure of service or standard of quantity used for billing purposes. Usually a segment of time spent by a provider to perform a service.

- V -

visually impaired

(a) A person with visual acuity between 20/60 and 20/100 in the individual's better eye with the best correction, or a corresponding loss in visual field.

(b) For RBA and ARCH purposes, a central visual acuity of 20/200 degrees or less in the individual's better eye with the use of a corrective lens, or a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance of no greater than 20 degrees.

volunteer services

Services provided by volunteer groups and individuals, including older adults, who provide assistance and services appropriate to the needs of older adults and persons with disabilities.

- W -

Waiver

(a) Authorized permission given to an AAA to provide direct delivered services to eligible older adults and persons with disabilities.

(b) Policy which waives or exempts specific traditional Medicaid requirements allowing access to medical treatment and other programs in community based setting in lieu of institutionalization.

**Workforce Investment Act (WIA) (as related to SCSEP)**

**The Workforce Investment Act of 1998 (Public Law) 105-220- Aug. 7, 1998; 112 Stat 936); United States Code 29, Section 2801 et seq.<sup>1</sup>**

**Workforce Investment Act regulations (as related to SCSEP)**

**Regulations found in the Code of Federal Regulations, 20 CFR, part 652 and parts 660-671.<sup>2</sup>**

- X -

- Y -

- Z -

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<sup>1</sup> Move from Section 9 - 4/10/06

<sup>2</sup> Move from Section 9 - 4/10/06

**THE PROVISIONS OF THIS MANUAL ARE SUBJECT TO FEDERAL AND STATE LAW AS WELL AS REGULATIONS AND RULES ADOPTED UNDER FEDERAL AND STATE LAW AND ARE SUBJECT TO CHANGE**

**THE FSSA DA, THE 16 AREA AGENCIES ON AGING AND ALL SERVICE PROVIDERS AND CONTRACTORS, RECEIVING FUNDING ADMINISTERED BY THE FSSA DA SHALL ADHERE TO THE GUIDELINES AND POLICIES OUTLINED IN THE AMERICANS WITH DISABILITIES ACT. SEE PUBLIC LAW 101-336 AND TITLE 42 USC CHAPTER 126, SECTION 12181, 12182 AND 12186.<sup>1</sup>**

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<sup>1</sup> Added 5/13/05

## 1000 INTRODUCTION

### Table of Contents

1000 INTRODUCTION - OPERATIONS MANUAL; PURPOSE, DESIGN, USE, AVAILABILITY AND DISTRIBUTION

**1001 ESTABLISHMENT OF THE FSSA DIVISION OF AGING**

**1002 ORGANIZATION AND STAFFING OF THE FSSA DIVISION OF AGING (FSSA DA)**

## **1000 INTRODUCTION - OPERATIONS MANUAL: PURPOSE, USE, AVAILABILITY AND DISTRIBUTION**

### **(a) Policy.**

(1) The purpose of the **FSSA DA** Operations Manual **shall be to** address state and contracted operations relative to Indiana's Aging and In-Home Services network and to provide interpretation of federal and state statutes of various aging and in-home services programs.

(2) Because the **FSSA DA** Operations Manual is based on federal and state statutes and regulations, it shall be used as a guide, a training tool, and an ongoing reference source for the **FSSA Division of Aging (FSSA DA)** staff, Area Agencies on Aging (AAAs), service providers, independent case managers, and others involved in programs and services administered by the **FSSA DA**.

(3) The FSSA DA Operations Manual contains **twelve** sections, with additional sections including acronyms, definitions, a glossary, and appendices. The entire table of contents can be found at the **front**<sup>1</sup> of the **FSSA DA** Operations Manual and a table of contents precedes each section.

### **(b) Authority.**

Code of Federal Regulations, 45 CFR 1321.11

### **(c) Procedure.**

(1) It is suggested that the table of contents be used to locate subject matter. When the material is located, it is recommended that the entire text on that topic be read, including all cross-referenced material.

(2) Any phrase, word or acronym that is not familiar or is not satisfactorily defined in the general text, may be looked up in the glossary or acronym sections that appear in the front of the operations manual. Any other questions may be directed to appropriate staff members of the **FSSA DA**.

(3) The **FSSA DA** Operations Manual will be maintained in an online version. To access the online version, complete the following steps:

**LOG ON to the INsite Program**

**CLICK on RELEASE NOTES**

**DOUBLE CLICK on FSSA MANUALS & BULLETINS - Resources Icon (looks like a bookshelf)**

**CLICK on SELECT – FSSA DA OPERATIONS MANUAL**

To display the entire Operations Manual-

**CLICK on CONTENTS**

**FSSA DA Documents** will appear next to a **BOOK ICON**

**CLICK on the BOOK ICON**

**A list of SECTIONS** will appear

**CLICK on the SECTION** you wish to open

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<sup>1</sup> Revised 5/13/05 and 4/10/06

To find a specific topic:

**CLICK** on **SEARCH**

**TYPE** in **KEYWORD**

**CLICK** on **LIST TOPICS**

A list of sections where the **KEYWORD** can be found should appear

**DOUBLE CLICK** onto the **SECTION** you wish to open

(4) One CD-ROM copy of the **FSSA DA** Operations Manual shall be distributed to each of the AAAs.

(5) The Operations Manual can be found on INsite and is sent to each AAA via CD-ROM. The Operations Manual will also appear in the Bureau Information Directory (BID) and the **FSSA DA** website.<sup>1</sup>

(6) When the FSSA DA needs to revise or change the **FSSA DA** Operations Manual or when updates are required, a transmittal letter listing the location and description of the changes, revisions and/or updates will be sent to the AAA's, IAAAA and the FSSA DA staff via postal mail, electronic mail and/or CD-Rom.<sup>2</sup> Recipients are to keep a record of the date and type of changes. If a CD-Rom containing the newest version of the FSSA DA Operations Manual is sent, recipients will remove from use the old CD-Rom and replace it with the new and/or revised version. The changes and revisions **will be listed in the front of the FSSA DA Operations Manual and will appear** in bold, colored font **throughout the Operations Manual** and will be cross-referenced with footnotes showing the date of the change. The electronic versions of the FSSA DA Operations Manual will be updated at the same time.<sup>3</sup>

(7) The effective date of any change or revision to the **FSSA DA** Operations Manual will be included in the numbered, transmittal letter and with the changes or updates sent via e-mail and in the CD-Rom copy sent through postal mail.<sup>4</sup>

(8) AAAs or independent case managers shall not sell, charge fees, or request in-kind services or support for supplying the **FSSA DA** Operations Manual to another entity.

(9) Any requests for copies of the Operations Manual shall be directly referred to the Administrative Services Unit of the **FSSA DA**.

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<sup>1</sup> Added 5/13/05

<sup>2</sup> Revised 5/13/05

<sup>3</sup> Revised 5/13/05

<sup>4</sup> Revised 5/13/05

## **1001 ESTABLISHMENT OF THE FSSA DIVISION OF AGING (FSSA DA)<sup>1</sup>**

### **(a) Policy.**

(1) The **FSSA DA** was established to administer the Older Americans Act (OAA) passed by Congress in 1965 and last amended in 2000. The **FSSA DA** shall also administer federal, state, and local grants and appropriations, and other sources of funding, which include the following:

- (A) Older Americans Act under IC 12-9-5-1.
- (B) Area Agencies on Aging Services under IC 12-10-1-3.
- (C) Adult Protective Services under IC 12-10-3.
- (D) Room and Board Assistance and Assistance to Residents in County Homes under IC 12-10-6.
- (E) Adult Guardianship Program under IC 12-10-7.
- (F) Community and Home Options for the Elderly and Disabled under IC 12-10-10 (CHOICE).
- (G) Nursing Home Preadmission Screening under IC 12-10-12, 460 IAC 1-1-1, OBRA and 42 CFR 483.100 (PASRR).
- (H) Long Term Care Advocacy under IC 12-10-13.
- (I) Title III C - Nutrition services and home-delivered meals.
- (J) Title III B - Supportive Services.
- (K) Title III D - Disease Prevention and Health Promotion Services. <sup>2</sup>
- (L) Title III E - National Family Caregiver Support Program.
- (M) Aging programs under the Social Services Block Grant (SSBG).
- (N) Title V - Senior Employment Under Older Adult Services.
- (O) Public, private, and corporate funds.
- (P) Fees (cost share).
- (Q) Program income, including voluntary contributions.

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<sup>1</sup> The title *Indiana Division of Aging* has changed to *FSSA Division of Aging* or *FSSA DA* 4/10/06

<sup>2</sup> Corrected 5/13/05

**(b) Authority.**

Indiana Code 12-10-1-1

Indiana Code 12-10-1-2<sup>1</sup>

Code of Federal Regulations, 45 CFR 1321.11

Older Americans Act, Section 303(a)(1)

**(c) Procedure.**

Procedures are outlined separately throughout the FSSA DA Operations manual, under specific topics.

**1002 Organization and Staffing of the FSSA Division of Aging (FSSA DA)**

**(a) Policy.**

The **FSSA DA** shall have an adequate number of qualified staff to carry out the functions prescribed in the Code of Federal Regulations and the Older Americans Act.

**(b) Authority.**

Code of Federal Regulations, 45 CFR 1321.9

**(c) Procedure.**

The **FSSA DA** has developed and maintains an organizational chart that lists all **FSSA DA** positions. Along with the organizational chart, the **FSSA DA** has complete documentation of accurate position descriptions and job standards for all of the **FSSA DA** staff which is available upon request.

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<sup>1</sup> Added 4/10/06

## **SECTION 2**

### **2000 - ADMINISTRATIVE AREAS OF RESPONSIBILITY OF THE FSSA AGING AND IN-HOME SERVICES NETWORK**

#### **Table of Contents**

#### **2000 ADMINISTRATIVE AREAS OF RESPONSIBILITY OF THE FSSA AGING AND IN-HOME SERVICES NETWORK - MISSION AND DUTIES OF THE FSSA DIVISION OF AGING (FSSA DA)**

#### **2001 PERFORM AS THE STATE LEADER IN ALL AGING ISSUES**

#### **2002 IMPLEMENT ADVOCACY POLICIES**

#### **2003 DESIGNATE PLANNING AND SERVICE AREAS (PSAS)**

#### **2004 DESIGNATE AN AREA AGENCY ON AGING (AAA)**

#### **2005 DEVELOP THE INTRASTATE FUNDING FORMULA**

#### **2006 GIVE PREFERENCE TO OLDER ADULTS WITH THE GREATEST NEED**

#### **2007 MONITOR THE AREA AGENCIES ON AGING**

#### **2008 ASSURE THE REQUIREMENT OF OUTREACH EFFORTS**

#### **2009 COORDINATE SERVICES WITH AREA AGENCIES ON AGING**

#### **2010 ASSURE THE QUALITY OF SERVICES**

#### **2011 TAKE INTO ACCOUNT THE VIEWS OF OLDER ADULTS**

#### **2012 NEEDS ASSESSMENT**

#### **2013 OLDER ADULTS WITH SEVERE DISABILITIES**

#### **2014 DEVELOP AND IMPLEMENT THE STATE PLAN**

#### **2015 STATE PLAN AMENDMENTS**

#### **2016 CONTACT INFORMATION FOR THE FSSA DIVISION OF AGING**

#### **2017 MISSION OF THE AREA AGENCY ON AGING**

**2018 ADVISORY COUNCIL**

**2019 OTHER ADVISORY BODIES**

2019.1 Indiana Commission on Aging

2019.2 Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Board

2019.3 Alzheimer's Disease and Related Senile Dementia Task Force

2019.4 Money Management Program Advisory Council

**2020 CONTACT INFORMATION FOR THE 16 AREA AGENCIES ON AGING  
CHART 1**

**2021 MAP OF THE 16 PLANNING AND SERVICE AREAS  
CHART 2**

**2022 AREA PLAN ON AGING**

2022.1 Direct Provision of Services

2022.2 Submission of the Area Plan

2022.3 AAA Policy Regarding Direct Provision of Services

2022.4 Area Plans and Public Hearings

**2023 CONFLICT OF INTEREST  
CHART 3**

2023.1 Conflict of Interest Rules

**2024 NEPOTISM**

**2025 ACCEPTANCE OF GIFTS**

**2026 CONFIDENTIALITY**

**2027 COORDINATION**

**2028 DIRECT DELIVERY OF SERVICES**

**2029 INFORMATION SHARING**

**2030 MARKETING MATERIALS**

**2031 RETENTION OF RESOURCE RECORDS**

**2032 GOVERNOR'S CONFERENCE ON AGING**

**2033 INDIANA STATE FAIR**

**2034 MONITORING AND ASSESSMENT**

**2034.1 Monitoring Visit to the AAA**

**2034.2 Monitoring and Assessment Regarding the Americans with Disabilities Act (ADA)**

**2035 NEEDS ASSESSMENT**

**2036 PRIORITY SERVICES**

**2037 REPORTING REQUIREMENTS**

**2038 TARGET POPULATIONS**

**CHART 1**

**CONTACT INFORMATION FOR THE 16 AREA AGENCIES ON AGING**

**CHART 2**

**MAP OF THE 16 PLANNING AND SERVICE AREAS**

**CHART 3**

**CONFLICT OF INTEREST RULES**

**2000 ADMINISTRATIVE AREAS OF RESPONSIBILITY OF THE FSSA AGING AND IN-HOME SERVICES NETWORK - MISSION AND DUTIES OF THE FSSA DIVISION OF AGING (FSSA DA)**

**(a) Policy.**

In consultation with other appropriate parties in **Indiana**, the FSSA DA shall develop policies governing all aspects of services and programs. The **FSSA DA** is responsible for enforcement of these policies.

**(b) Authority.**

Older Americans Act, Section 305

Code of Federal Regulations, Title 45 CFR 1321.11(a) and (b)

Indiana Code, 12-10-1-4(2) (7) (8),(11),(12),(13),(14) and (17)

**(c) Procedure.**

The **FSSA DA** shall do the following:

- (1) Conduct studies and research into the needs and problems of the aging.
- (2) Evaluate programs, services, and facilities for older adults and determine the extent to which those programs, services, and facilities meet the needs of older adults.
- (3) Coordinate programs, services, and facilities furnished for older adults by state agencies and make recommendations regarding those programs, services, and facilities to the Governor and the general assembly.
- (4) Provide consultation and assistance to communities and groups developing local services for older adults.
- (5) Promote community education regarding the concerns of older adults through institutes, publications, radio, television, and the press.
- (6) Cooperate with agencies of the federal government in studies and conferences designed to examine the needs of older adults and prepare programs and facilities to meet those needs.
- (7) Establish and maintain information and referral sources through-out Indiana when not provided by other agencies.
- (8) Conduct an annual conference on the issues of older adults.
- (9) Examine the needs of older adults and prepare programs and facilities to meet those needs.

## **2001 PERFORM AS THE STATE LEADER IN ALL AGING ISSUES**

### **(a) Policy.**

- (1) The **FSSA DA** shall receive and disburse federal money made available for providing services to older adults or for related purposes.
- (2) The **FSSA DA** shall provide for the performance of any other functions required by regulations established under the Older Americans Act.
- (3) The Older Americans Act (OAA) requires that the state unit on aging (**FSSA DA**) shall be the leader relative to all aging issues on behalf of all older adults in Indiana. The **FSSA DA** is the unit primarily responsible for Indiana's state aging programs and services.

### **(b) Authority.**

Older Americans Act, Section 305  
United States Code, 42 USC 3001

### **(c) Procedure.**

- (1) The **FSSA DA** shall proactively carry out a wide range of functions designed to lead to the development or enhancement of comprehensive and coordinated community-based systems serving areas through-out Indiana.
- (2) The **FSSA DA** is active in functions related to the following:
  - (A) Advocacy
  - (B) Planning
  - (C) Coordination
  - (D) Interagency linkages
  - (E) Information sharing
  - (F) Brokering of services
  - (G) Monitoring and evaluation
  - (H) Protective services

### **(d) Cross Reference.**

Indiana Code, 12-10-1-4(5) and (9)

## **2002 IMPLEMENT ADVOCACY POLICIES**

### **(a) Policy.**

- (1) The FSSA DA shall provide a focal point for advocacy, coordination, monitoring, and evaluation of programs for older adults.
- (2) The AAA shall serve as the lead agent for the **FSSA DA** relative to all older adult issues and shall carry out the function of advocate to help lead the development or enhancement of comprehensive and coordinated community-based systems in or serving each community in the planning and service area (PSA). In addition, the AAA shall undertake specific advocacy efforts focused on the needs of low-income minority older adults.

**(b) Authority.**

Older Americans Act, OAA 305 (a) (1) (D)  
Code of Federal Regulations, 45 CFR 1321.7(a)(1)  
Code of Federal Regulations, 45 CFR 1321.13(b)  
United States Code, 42 USC 3026(a)(6)(B)

**(c) Procedure.**

(1) The **FSSA DA** also shall provide technical assistance to agencies, organizations, associations, or persons representing older adults, and, upon request, will review and comment on applications to state and federal agencies for assistance relating to meeting the needs of older persons.

(2) No requirement allows the **FSSA DA**, in completing advocacy activities, to supersede a prohibition contained in a federal appropriation on the use of federal funds to lobby the Congress.

(3) The AAA shall do the following:

(A) monitor, evaluate, and comment on all policies, programs, levies, and community actions that affect older adults and may recommend any changes that the **FSSA DA** considers to be appropriate;

(B) solicit comments from the public on the needs of older adults;

(C) represent the interests of older adults to local level and executive-branch officials and public and private agencies or organizations;

(D) consult with and support the state's ombudsman program;

(E) undertake on a regular basis activities designed to facilitate the coordination of plans and activities with all other public and private organizations with responsibilities affecting older adults in the PSA to promote new or expanded benefits and opportunities for older adults;

(F) undertake a lead agent role for the **FSSA DA** in assisting communities throughout the PSA to target resources from all appropriate sources to meet the needs of older adults with greatest economic or social need, with particular attention to low-income minority individuals, including such activities as location of services and specialization in the types of services most needed by older adults; and

(G) forbid a service provider to employ a means test for advocacy services funded.

**(d) Cross Reference.**

Indiana Code 12-10-1-4(4)

### **2003 DESIGNATE A PLANNING AND SERVICE AREA (PSA)**

#### **(a) Policy.**

(1) As the state's unit on aging, the **FSSA DA** is the only agency that shall designate a planning and service area (PSA).

(2) The **FSSA DA** may designate a PSA to any unit of general-purpose government that has a population of 100,000 or more.

#### **(b) Authority.**

Older Americans Act, Section 305 (a)(1)(E)

Older Americans Act, Section 305 (b)(1) and (5)

United States Code 42 USC 3025(a)(1)(E)

Code of Federal Regulations, Section 45 CFR 1321.29

Code of Federal Regulations, Section 45 CFR 1321.31

#### **(c) Procedure.**

(1) The **FSSA DA** shall maintain the current PSAs until it determines that the present geographic boundaries should be changed to better accomplish the purposes of the **FSSA DA** and the OAA.

### **2004 DESIGNATE AN AREA AGENCY ON AGING (AAA)**

#### **(a) Policy.**

The **FSSA DA** shall designate area agencies on aging in each planning and services area in Indiana.

#### **(b) Authority.**

Indiana Code, 12-10-1-4 (18)

Code of Federal Regulations, 45 CFR 1321.33

Code of Federal Regulations, 45 CFR 1321.37(a), (b), (1) (2) and (C)

Older Americans Act, Section 305(b) (5) (B)

Older Americans Act, Section 305(c)(4)

#### **(c) Procedure.**

(1) The **FSSA DA** shall designate as its AAAs only those local agencies having the capacity and making the commitment to fully carry out the mission described for area agencies on aging in the Older Americans Act.

(2) When the **FSSA DA** designates a new AAA, the **FSSA DA** gives the right of first refusal to a unit of general purpose local government if such unit can meet the requirements of the OAA and the boundaries of the unit and the boundaries of the planning and service area are reasonably contiguous.

(3) An Area Agency on Aging may be any of the types of agencies listed below:

(A) an established office of aging which is operating within a planning and service area (PSA);

(B) any office or agency of a unit of general purpose local government, which is designated to function only for the purpose of serving as an Area Agency on Aging by the chief elected official of such unit;

(C) any office or agency designated by the appropriate chief elected officials of any combination of units of general purpose local government to act on behalf of such combination for such purposes;

(D) any public or nonprofit private agency in a PSA, or any combination of units of general purpose local government to act on behalf of such combination for such purpose; or

(E) any separate organizational unit within such agency, which is under the supervision or direction for this purpose of the designated State agency and which can and will engage only in the planning and provision of a broad range of supportive services, or nutrition services within such planning and service area.

(4) The **FSSA DA** shall provide assurance that the Area Agency on Aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan, within the PSA.

(5) The **FSSA DA** will give preference to an established office on aging, unless the **FSSA DA** finds that such office within the PSA will have the capacity to carry out the area plan.

**(d) Cross Reference.**

Indiana Code, 12-10-1-4(18)

**2005 DEVELOP THE INTRASTATE FUNDING FORMULA**

**(a) Policy.**

The FSSA DA shall act, in accordance with regulations established under the Older Americans Act, as the agent for providing state money to the area agencies on aging designated in each planning and service area.

**(b) Authority.**

Indiana Code 12-10-1-4(15)

Code of Federal Regulations, 45 CFR 1321.37(a) (b),(1)(2) and (C)

**(c) Procedure.**

(1) The **FSSA DA**, after consultation with all 16 AAAs, shall develop and use an intrastate funding formula for the allocation of OAA funds to AAAs.

(2) The **FSSA DA** shall publish the formula for review and comment by older adults, other appropriate agencies and organizations, and the general public.

(3) The formula shall reflect the proportion among the PSAs of persons age 60 and over in greatest economic or social need with particular attention to low-income minority persons. The **FSSA DA** shall review and update its formula as often as a new State Plan is submitted for approval.

(4) The intrastate funding formula (IFF) shall provide for a separate allocation of funds received for preventive health services. In the award of such funds to selected PSAs, the **FSSA DA** shall give priority to areas of the state that are medically underserved, and in which there are large numbers of persons who have the greatest economic and social need for such services.

(5) The **FSSA DA** shall submit the intrastate funding formula to the Administration on Aging (AoA) for review and comment. The intrastate funding formula shall be submitted separately from the State Plan.

## **2006 GIVE PREFERENCE TO OLDER ADULTS WITH THE GREATEST NEED**

### **(a) Policy.**

The **FSSA DA** shall provide a comprehensive and coordinated service system for Indiana's aging population, giving high priority to those persons in greatest need.

### **(b) Authority.**

Indiana Code, 12-10-1-4(1)

Older Americans Act, Section 306(a)(4)(A)

Older Americans Act, Section 306 (4)(B)

### **(c) Procedure.**

The **FSSA DA** must assure that preference will be given to providing services to older adults with the greatest economic need and older adults with the greatest social need, with particular attention to low-income minority older adults and older adults residing in rural areas, and include proposed methods of carrying out the preference in the State Plan.

## **2007 MONITOR THE AREA AGENCIES ON AGING**

### **(a) Policy.**

(1) The **FSSA DA** shall assure that the resources made available to AAAs under the OAA are used to carry out the mission described for area agencies on aging in the Code of Federal Regulations.

(2) The **FSSA DA** shall monitor the AAAs by gathering and analyzing data and information. The data and information can be gathered systematically by means of fiscal and programmatic reports or through on-site visits.

### **(b) Authority.**

United States Code, 42 USC 3027(a) (4)

Code of Federal Regulations, 45 CFR 1321.13

Code of Federal Regulations, 45 CFR 1321.7(c)

**(c) Procedure.**

(1) The State Plan shall provide that the **FSSA DA** will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State including evaluations of the effectiveness of services provided to persons with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority persons and older individuals residing in rural areas.

(A) The **FSSA DA** shall monitor and assess activities, services, and programs conducted in accordance with AAA plans and the State Plan and all applicable laws, rules, and regulations. Monitoring activities shall be completed for each AAA, within the 2 year period of the AAA Contract Agreement. Monitoring and Assessment activities include the following:

(i) review of AAA area plans;

(ii) on-site visits to the AAAs; and

(iii) other data gathering activities, such as desktop review and electronic review, completed for individual programs.

(B) The **FSSA DA** shall coordinate monitoring and assessment activities with program coordinators and specialists within other units in the **FSSA DA**.

(C) Copies of monitoring and assessment reports are sent to the appropriate unit supervisor and program coordinator or specialist. If the **FSSA DA** requests the AAA to complete corrective actions, the AAA shall submit a corrective action plan to the **FSSA DA**. The **FSSA DA** shall monitor any submitted corrective action plan for compliance.

(D) If an AAA fails to submit a corrective action plan within the specified time frame or if an AAA submits an incomplete or unsatisfactory corrective action plan, or if the AAA does not take the appropriate corrective actions within a specified target date, the **FSSA DA** may sanction the AAA through punitive measures which may include decertification of the AAA.

**2008 ASSURE THE REQUIREMENT OF OUTREACH EFFORTS**

**(a) Policy.**

(1) The **FSSA DA** shall assure the requirement of outreach services that will identify persons who are eligible for assistance, with special emphasis on the following:

(A) older adults living in rural areas;

(B) older adults with the greatest economic need (with particular attention to low-income minority persons and older individuals living in rural areas);

(C) older adults with the greatest social need (with particular attention to low-income minority persons and older individuals living in rural areas);

(D) older adults with severe disabilities;

(E) older adults with limited English-speaking ability; and  
(F) older adults with Alzheimer's diseases or related disorders, and  
information for these older adults or their caretakers, on availability of  
assistance.

**(b) Authority.**

Older Americans Act, Section 306(4)(B) and (C)

**Older Americans Act, Section 306(a)(4)(c)**

Code of Federal Regulations, 45 CFR 1321.17(f)(8)

FSSA DA Operations Manual, Section 4021 - *Outreach Services*

**(c) Procedure.**

(1) The FSSA DA shall:

(A) monitor compliance with the policy; and

(B) provide ongoing technical assistance to AAAs and Title III projects regarding  
the policy.

**(2) The AAA shall ensure that each activity undertaken by the AAA will include  
a focus on the needs of low-income minority older adults and to older adults  
residing in rural areas.<sup>1</sup>**

**(d) Cross Reference.**

**See FSSA DA Operations Manual, Section 2011 - *Take Into Account the Views  
of Older Adults.*<sup>2</sup>**

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<sup>1</sup> Older Americans Act, Section 306 (a)(4)(C) Added 4/10/06

<sup>2</sup> Added 4/10/06

## **2009 COORDINATE SERVICES WITH THE AREA AGENCIES ON AGING**

### **(a) Policy.**

In carrying out the **FSSA DA** duties the **FSSA DA** shall coordinate service delivery with the area agencies on aging.

### **(b) Authority.**

United State Code, 42 USC 3027(a)(17)

Indiana Code, 12-10-1-5

### **(c) Procedure.**

(1) The **FSSA DA** will assure that the 16 AAAs will conduct efforts to facilitate the coordination of community-based, long term care services for older adults who:

(A) live in their home;

(B) are in a hospital and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

## **2010 ASSURE THE QUALITY OF SERVICES**

### **(a) Policy.**

The **State** plan shall include assurances that the State has in effect a mechanism to provide for quality in the provisions of in-home services.

### **(b) Authority.**

United States Code, 42 USC 3027(a) (25)

### **(c) Procedure.**

Each AAA is contractually required to survey a percentage of In-Home Services Program recipients to provide a basis for quality-improvement activities in the areas of service quality and client satisfaction. Client-based information is aggregated, preserving confidentiality, and feedback is given to providers.

## **2011 TAKE INTO ACCOUNT THE VIEWS OF OLDER ADULTS**

### **(a) Policy.**

The **FSSA DA** shall provide assurances that the views of older adults of supportive services or nutrition services, or older adults using multipurpose senior centers, shall be taken into account in connection with general policy arising in the administration of the State Plan for any fiscal year.<sup>1</sup>

**(b) Authority.**

United States Code, 42 USC 3025(a)(2)(B)

Indiana Code, 12-10-1-4(3)

**(c) Procedure.**

The **FSSA DA** shall ensure the participation of older adults in the planning and operation of all phases of the system.

**2012 NEEDS ASSESSMENT**

**(a) Policy.**

The **FSSA DA** shall evaluate programs, services, and facilities for older adults and determine the extent to which those programs, services, and facilities meet the needs of older adults. The **FSSA DA** shall examine the needs of older adults and prepare programs and facilities to meet those needs.

**(b) Authority.**

Code of Federal Regulations, 45 CFR 1321.27

Indiana Code, 12-10-1-4 (7) and (17)

United States Code, 42 USC 3026(a)(1)

**(c) Procedure.**

(1) As part of the State Plan development, the **FSSA DA** may do the following:

(A) conduct statewide needs assessments, every 4 years, in conjunction with the **FSSA DA** State Plan to determine service gaps and needs; and

(B) assure that the AAAs conduct needs assessments at least once, every 2 years, in conjunction with the AAA area plan, to determine needs and location of services.

(C) determine the necessity of a statewide needs assessment based on data analysis, data profile of older **adults** from available census data, public hearing results, other appropriate documentation and data, and the recommendation of the **FSSA DA** Director.

(D) refer to *AoA Region V, Regional Office Memorandum 81-73, Subject: State Plans Based on Area Plans*, for guidance regarding needs assessment and the relationship of the AAAs to the creation and implementation of the State Plan.

(E) develop a written timeline including key deadlines and outcomes.

(2) A statewide needs assessment for the **FSSA DA** shall include the following:

(A) Cover page

(B) Table of contents

(C) Executive summary.

(D) Bibliography/works cited section with complete referencing.

(E) A section including the following elements of the statewide needs assessment:

- (i) methodology;
- (ii) survey development, structure and implementation;
- (iii) report structure and design;
- (iv) needs stratification by age;
- (v) demographic compilations, analysis;
- (vi) discoveries-other areas of need identified by the assessment;
- (vii) results/correlation of survey of demographics;
- (viii) recommendations;
- (ix) other/miscellaneous and any other sections topics determined through negotiation; and
- (x) appendices to describe any item in greater detail for clarification purposes or any visual representations of data

(3) The **FSSA DA** shall conduct at least one public hearing on the findings of the statewide needs assessment and shall provide an opportunity for response from interested individuals, advocates, and any other individual or entity. The public hearing information shall be made available as part of the State Plan.

**(d) Cross Reference.**

Section **4029** - *Transportation Services* and Section **4030** – *Volunteer Services* – FSSA DA Operations Manual.

**2013 OLDER ADULTS WITH SEVERE DISABILITIES**

**(a) Policy.**

The State Plan shall provide, with respect to the needs of older adults with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and services for older adults with disabilities with particular attention to older adults with severe disabilities **in coordination with** State agencies with primary responsibility for older adults with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older adults with disabilities.

**(b) Authority.**

Older Americans Act, Section 307(a)(16)(A)(iv)  
Older Americans Act, Section 307(a) (17)

**(c) Procedure.**

The AAAs will give particular attention to older adults with disabilities in the development of services and outreach efforts.

## **2014 DEVELOP AND IMPLEMENT THE STATE PLAN**

### **(a) Policy.**

(1) The State shall, in accordance with regulations of the Assistant Secretary of the Administration on Aging (AoA), designate a State Agency as the sole State Agency to develop a State Plan to be submitted to the Assistant Secretary for approval.

The State Plan, at a minimum, shall do the following:

(A) conform to the provisions of the OAA;

(B) conform to the regulations found in Part 45 of the Code of Federal Regulations, Chapter 1321;

(C) conform to any other federal or state codes regarding the administration of OAA funds; and

(D) be based on the 16 AAAs area plans.

(2) The State Plan **shall** outline how the **FSSA DA** will manage and administer programs authorized under the OAA. The **FSSA DA** shall implement and administer the State Plan.

### **(b) Authority.**

Older Americans Act, Section 307(a)

Older Americans Act, Section 307(a)(1)(B)

United States Code, 42 USC 3025 (a)(1)(A)

Code of Federal Regulations, 45 CFR 1321.17

Code of Federal Regulations, 45 CFR 1321.15(a)

Code of Federal Regulations, 45 CFR 1321.15(b) and (c)

Indiana Code 12-10-1-4(6)

Indiana Code 12-10-1-4(10)

### **(c) Procedure.**

(1) The **FSSA DA** shall develop a State Plan, with revisions as necessary, by doing the following:

(A) collecting information from the 16 AAAs, including existing area plans;

(B) using research data from state and national resources;

(C) reviewing federal priority issues;

(D) evaluating the need for services in the state and determining to what extent existing public or private programs meet such needs; and

(E) collecting advice from public hearings and/or advisory bodies.

**(d) Format.**

(1) The **FSSA DA** may use its own judgment as to the format of the State Plan, how to collect information for the State Plan and whether the plan will remain in effect for two, three or four years. The format of the Indiana State Plan may include the following components:

(A) Verification of Intent

(i) The Verification of Intent section of the State Plan serves as a cover letter, signatory letter, and summary.

(ii) The Verification of Intent section may include the following:

(I) declaration of submission statement;

(II) short summary of State Plan contents; and

(III) signatory page for the director of the **FSSA DA**, the director of **DDRS**, the secretary of the Indiana FSSA, and the Governor of the state of Indiana.

(B) Background and Introduction

(i) The background and introduction section should contain the following:

(I) an overview of the programs and services administered by the **FSSA DA**;

(II) a description of the case-management system used in Indiana;

(III) a list of the in-home services in Indiana available via the **FSSA DA** and the AAAs;

(IV) a list of other services and programs administered by the **FSSA DA**;

(V) explanation of quality assurance initiatives; and

(VI) definition of other programs and services.

(C) Mission Statements

(i) The State Plan should include mission statements for **DDRS** and the **FSSA DA**.

(D) Strategies for Service Delivery and Systems Enhancement

(i) Strategies for Service Delivery and Systems Enhancement shall outline the direction of the **FSSA DA** regarding the provision of services.

#### (E) General Assurances

(i) General assurances shall include those tasks and undertakings completed by the **FSSA DA** in accordance with the OAA.

(ii) Assurances are divided into the following:

- (I) general administration duties;
- (II) equal employment opportunities and civil rights; and
- (III) provision of services.

#### (F) Administration Structure

This section shall contain representative charts showing the structure of the FSSA and the **FSSA DA**.

#### (G) Program Goals and Objectives

(1) The Indiana State Plan goals and objectives shall be listed in this section and include the following:

- (i) Goals;
- (ii) Objectives;
- (iii) Tasks;
- (iv) Key Indicators; and
- (v) Outcomes.

#### (H) State Plan Assurances

(1) In this section of the State Plan, provisions of the OAA are listed separately and include a short summary of each provision. The provisions are listed by the corresponding section numbers, just as they appear in the OAA.

(2) Also included in the State Plan are the following attachments:

- (i) Indiana area agencies on aging map and listing;
- (ii) description of intrastate funding formula under the OAA;
- (iii) rural funding; and
- (iv) distribution of funding streams.

## (I) Statistics

- (i) Statistics listed in the State Plan also shall be verifying assurances and allotments.
- (ii) The State Plan is submitted to the bi-regional administrator of the AoA, which is located at the following address:

Administration on Aging  
U.S. Department of Health and Human Services  
233 N. Michigan Avenue, Suite 790  
Chicago, IL 60601-5519

## (J) Development of the State Plan

Development procedures for the **FSSA DA** State Plan may include the following:

- (i) obtain State Plan development guidelines from the Administration on Aging (AoA) regional office. (Refer to Section 307(a) through (f) of the Older Americans Act and Title 45 of the Code of Federal Regulations, Part 1321.17, for a listing of provisions required to be included in the State Plan. Also, Refer to Appendix 1 - State Plan Provision Information);
- (ii) elect to utilize a two, three or four year format;
- (iii) outline State Plan development timeline;
- (iv) gather identified priority needs from the AAA's;
- (v) develop a data profile on older adults in Indiana;
- (vi) conduct statewide needs assessment activities;
- (vii) analyze the results of needs assessment activities, and outline and identify statewide priority needs;
- (viii) outline and evaluate the existing service delivery system, including services, coordination, advocacy, and training activities;
- (ix) present a summary of needs and priorities to the Indiana Commission on Aging;
- (x) develop a draft summary of the State Plan;
- (xi) present a State Plan summary to interested entities 18 days prior to conducting public hearing(s) on the plan; (See Section **3000** – Public Hearings);

- (xii) publicize the public hearing(s) at least 18 days prior to the actual public hearing(s), outlining dates, times, and locations, and ensure that older adults in Indiana, public officials, and other interested parties have reasonable opportunities to participate;
- (xiii) conduct the public hearing(s). Document written and verbal comments received at the public hearing(s);
- (xiv) consider written and verbal comments documented at the public hearing(s) for addition into the revised version of the State Plan, if the comments are deemed appropriate;
- (xv) submit revised State Plan to the appropriate **FSSA DA** staff for approval;
- (xvi) submit final plan to the director of the **FSSA DA**, the director of FSSA and the Governor, for approval;
- (xvii) submit final plan to the AoA regional office for approval;
- (xviii) submit the final plan to the director of the **FSSA DA** and **DDRS** staff for approval;
- (xix) place the State Plan in the appropriate written and electronic formats; and
- (xx) post the AoA approved State Plan on the State Website. Copy the AoA approved State Plan onto a compact disc for future use.

#### (K) AoA Review

- (i) After the State Plan is submitted, it will be sent to the AoA for review. A final approval by the AoA will be needed before the plan can be set in place. No expenditures can be made under a new plan or amendment until it is approved by the AoA. The State Plan becomes effective on the date designated by the AoA.
- (ii) The State Plan shall be submitted to the AoA to be considered for approval at least forty-five calendar days before the proposed effective date of the State Plan or State Plan amendment.

#### (L) AAA Consultation

- (i) At the request of the **FSSA DA**, the sixteen AAAs may serve as consultants regarding the content of the State Plan.

## **2015 STATE PLAN AMENDMENTS**

### **(a) Policy.**

(1) The State Plan shall be amended as necessary to reflect changes in regulating documents, organization, or policy. Each State Plan, or State Plan amendment which requires approval of the AoA, shall be signed by the Governor or the Governor's designee, the secretary of FSSA, and the director of the **FSSA DA**, before being submitted to the AoA. (The signatures are normally obtained on the verification of intent page).

(2) The **FSSA DA** may amend the State Plan when necessary to show:

- (i) revised or new federal statutes and regulations;
- (ii) changes in any law, organization, policy or in the operation of the **FSSA DA**;
- (iii) information required annually by sections 307(a)(23) and (29) of the Older Americans Act; or
- (iv) any other necessary changes or revisions required by the OAA or the AoA.

### **(b) Authority.**

Code of Federal Regulations, 45 CFR 1321.19  
Older Americans Act, Section 307 (a) (1) (B)  
Code of Federal Regulations, 45 CFR 1321.17

### **(c) Procedure.**

(1) If the **FSSA DA** intends to amend provisions of the State Plan required under the Code of Federal Regulations, Section 45 CFR 1321.17 (a) or (f), the **FSSA DA** shall:

- (i) contact the AoA representative (telephone contact preferred) for recommendations and guidance regarding the proposed amendment;
- (ii) amend the State Plan; and
- (iii) submit the proposed amendment to the AoA for approval. The **FSSA DA** need only submit the amended portions of the State Plan.

(2) If the **FSSA DA** amends any of the provisions of the State Plan required under the Code of Federal Regulations, Section 45 CFR 1321.17 (b) through (d), it shall:

- (i) notify the appropriate AoA representative (telephone contact preferred); and
- (ii) notify the AoA Commissioner in the manner requested by the AoA representative.

(3) If the **FSSA DA** amends any of the provisions of the State Plan required under the Code of Federal Regulations, Section 45 CFR 1321.17 (a), (e) and (f), the **FSSA DA** shall:

- (i) notify the appropriate AoA representative (telephone contact preferred);  
and
- (ii) submit the proposed amendment(s) to the AoA to be considered for approval at least 45 calendar days before the proposed effective date of the State Plan amendment in the manner requested by the AoA representative.

**(d) Cross Reference.**

For an inventory of the provisions required to be in the State Plan, see the Older Americans Act, Section 307, the Code of Federal Regulations, 45 CFR 1321.17 (a) through (f), and the United States Code, Title 42, Section 3027. Also, see Appendix 1 – *State Plan Provision Information* - Operations Manual.

## **2016 CONTACT INFORMATION FOR THE FSSA DIVISION OF AGING (FSSA DA)**

(a) The **FSSA DA** mailing address is as follows:

MS 21  
FSSA Division of Aging  
P.O. Box 7083  
Indianapolis, IN 46207-7083

(b) For specific **FSSA DA** staff telephone numbers, call the State Information Center—(317) 233-0800.

## **2017 MISSION OF THE AREA AGENCY ON AGING**

### **(a) Policy.**

(1) Each AAA shall proactively carry out, under the leadership and direction of the **FSSA DA**, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring, and evaluation. It is designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in, or serving, each community in the PSA. These systems shall be designed to assist older adults in leading independent, meaningful and dignified lives in their own homes and communities as long as possible. A comprehensive and coordinated community-based system as described in the Code of Federal Regulations (CFR) shall do the following:

(A) have a visible focal point of contact where anyone can go or call for help, information, or referral on any aging issue;

(B) provide a range of options and assure that these options are readily accessible to all older adults: the independent, semi-dependent, and totally dependent, no matter what their income;

(C) include a commitment of public, private, voluntary, and personal resources committed to supporting the system;

(D) involve collaborative decision making among public, private, voluntary, religious, and fraternal organizations and older people in the community;

(E) provide specific objectives for providing services to older adults with the greatest economic need and older adults with the greatest social need, include specific objectives for providing services to low-income, minority older adults residing in rural areas;

(F) provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;

(G) evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;

(H) have a unique character that is tailored to the specific nature of the community; and

(I) be directed by leaders in the community who have the respect, capacity, and authority necessary to convene all interested persons; assess needs; design solutions; track overall success; stimulate change; and plan community responses for the present and for the future.

(2) The resources made available to the AAA under the OAA are to be used to finance those activities necessary to achieve elements of a community-based service system.

(3) For the purpose of assuring access to information and services for older adults, the AAA shall work with elected community officials in the PSA to designate one or more focal points on aging in each community, as appropriate.

**(b) Authority.**

Older Americans Act, Section 305(b)(5)(B)

Older Americans Act, Section 305(c)(5)

**(c) Procedure.**

(1) Procedures are outlined separately for each area of responsibility identified for the AAAs.

**(d) Cross Reference.**

**Section 2023 - Area Plan on Aging - FSSA DA Operations Manual.<sup>1</sup>**

**2018 ADVISORY COUNCIL<sup>2</sup>**

**(a) Policy.**

The AAA shall establish an advisory council consisting of older adults (including minority older adults and older adults residing in rural areas) who are participants or who are eligible to participate in programs assisted under the Older Americans Act, representatives of older adults, local elected officials, providers of veterans' health care (if appropriate), and the general public, to continuously advise the AAA on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.

**(b) Authority.**

Older Americans Act, 306(a) (6)(D)

Code of Federal Regulations, 45 CFR 1321.57

**(c) Procedure.**

(1) The council shall carry out advisory functions which further the AAA's mission of developing and coordinating community-based systems of service for all older adults in the planning and service area.

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<sup>1</sup> Added 4/10/06

<sup>2</sup> Added 5/13/05

(2) The council shall advise the AAA relative to:

- (A) developing and administering the area plan;
- (B) conducting public hearings;
- (C) representing the interest of older adults; and
- (D) reviewing and commenting on all community policies, programs, and actions which affect older adults with the intent of assuring maximum coordination and responsiveness to older adults.

(3) The council shall include individuals and representatives of community organizations who will help to enhance the leadership role of the AAA in developing community-based systems of service.

(4) The advisory council shall be made up of:

- (A) more than 50% older adults, including minority individuals who are participants or who are eligible to participate in programs under the OAA;
- (B) representatives of older adults;
- (C) representatives of health care provider organizations, including providers of veterans' health care (if appropriate);
- (D) representatives of supportive services provider organizations;
- (E) persons with leadership experience in the private and voluntary sectors;
- (F) local elected officials; and
- (G) the general public.

(5) The AAA shall submit the area plan and amendments for review and comment to the advisory council before it is transmitted to the FSSA DA for approval.<sup>1</sup>

## **2019 OTHER ADVISORY BODIES**

### **(a) Policy.**

(1) The following advisory bodies shall be established:

- (A) Indiana Commission on Aging;
- (B) CHOICE board;
- (C) Alzheimer's Disease and Related Senile Dementia Task Force (Governor's Task Force on Alzheimer's Disease and Related Dementia); and
- (D) Money Management Program Advisory Council.

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<sup>1</sup> Added 5/13/05

**(b) Authority.**

Indiana Code, 12-10-2-2

Indiana Code, 12-10-11-1

Indiana Code, 12-10-5-2

Indiana Code, 12-10-11-7

Memorandum of Understanding Between AARP and **DDRS**

**(c) Procedure.**

The FSSA DA shall provide staff services when necessary, for the various advisory bodies.

**(d) Cross Reference.**

Code of Federal Regulations, 45 CFR 1321.57

**2019.1 INDIANA COMMISSION ON AGING**

**(a) Policy.**

Indiana's Commission on Aging shall have the responsibility to encourage discussion and study of the problems of older adults. The Commission on Aging assists the **FSSA DA** in the development of a comprehensive plan to meet the needs of older adults. The commission also works to recognize and promote the organization of voluntary councils for the study of problems of older adults.

**(b) Authority.**

Indiana Code, 12-10-2-2

Indiana Code, 12-10-2-3

Indiana Code, 12-10-2-3(2)

Indiana Code, 12-10-7

**(c) Procedure.**

(1) The Indiana Commission on Aging shall be made up of sixteen members who have each been appointed for four-year terms. Terms expire on July 1<sup>st</sup> (at the end of the term), but a member stays in office until a successor is appointed. The Governor of Indiana has the responsibility to appoint the Commission on Aging members.

(2) The commission must have the following:

(A) One member from each congressional district;

(B) No more than half (eight members) from the same political party;

(C) Sixteen members who are residents of Indiana and have an interest in aging issues;

(D) The balance of the members appointed at large; and

(E) No more than two residents of the same county appointed as members.

(3) Nine commission members constitute a quorum.

(4) The commission shall do the following:

(A) encourage the study and discussion of the problems of older adults in Indiana;

(B) promote the organization of and officially recognize voluntary councils for the study and discussion of problems of older adults; and

(C) assist the **FSSA DA** in the development of a comprehensive plan to meet the needs of older adults.

## **2019.2 COMMUNITY AND HOME OPTIONS TO INSTITUTIONAL CARE FOR THE ELDERLY AND DISABLED (CHOICE) BOARD**

### **(a) Policy.**

(1) The Community and Home Options to Institutional Care for the Elderly and Persons with Disabilities (CHOICE) is a state-funded program that is intended to allow older adults and persons with disabilities to live independently in their own homes or in a community integrated setting.

(2) The CHOICE board has the responsibilities to do the following:

(A) establish long-term goals of the state for the provision of a continuum of care for older adults and persons with disabilities;

(B) review state policies on community and home care services;

(C) recommend the adoption of state administrative rules;

(D) recommend legislative changes affecting community and home-care services;

(E) recommend coordination of the board's activities with the activities of other boards and state agencies concerned with community and home-care services;

(F) evaluate cost effectiveness, quality, scope, and feasibility of a state-administered system of community and home-care services;

(G) evaluate programs for financing services to those in need of a continuum of care;

(H) evaluate state expenditures for community and home-care services, taking into account efficiency, client choice, competition, and equal access to

providers;

(I) develop policies that support the participation of families and volunteers in meeting the long-term care needs of older adults and persons with disabilities;

(J) encourage the development of funding for a continuum of care from private resources, including insurance;

(K) develop a cost-of-services basis and a program of cost reimbursement for those persons who can pay all or part of the cost of services rendered;

(L) establish long-term goals for the provision of guardianship services for adults and persons with disabilities;

(M) coordinate activities and programs with the activities of other boards and state agencies concerning the provision of guardianship services; and

(N) recommend statutory changes affecting the guardianship of indigent adults.

**(b) Authority.**

Indiana Code, 12-10-11-1

Indiana Code, 12-10-11-8 (14)

Indiana Code, 12-10-10-11(b)

Indiana Code, 12-10-11-4

Indiana Code, 12-10-11-2(b)

Indiana Code, 12-10-11-6

**(c) Procedure.**

**(1) The CHOICE board is to review the annual CHOICE report and submit the report to the general assembly after November 15<sup>th</sup>, and before December 31<sup>st</sup>.**

**(2) The board consists of the following fifteen members:**

**(A) the director of the division of family and children or the director's designee.**

**(B) the chairman of the Indiana State Commission on Aging or the chairman's designee.**

**(C) three citizens at least 60 years of age, nominated by two or more organizations that represent senior citizens; and have statewide membership.**

**(D) one citizen less than 60 years of age nominated by one or more organizations that represent individuals with disabilities; and have statewide membership.**

(E) one citizen less than sixty years of age nominated by one or more organizations that represent individuals with mental illness; and have statewide membership.

(F) one provider who provides services funded by CHOICE.

(G) one licensed physician, nurse, or nurse practitioner who specializes either in the field of gerontology or in the field of disabilities.

(H) two home care services advocates or policy specialists nominated by two or more organizations; associations; or nongovernmental agencies; that advocate on behalf of home care consumers, including an organization listed in (C) that represents senior citizens or persons with disabilities.

(I) two members of the senate, who may not be members of the same political party, appointed by the president pro tempore of the senate with the advice of the minority leader of the members of the CHOICE board are appointed by the Governor for two-year terms. The CHOICE board shall meet at least six times a year. When a vacancy arises, the Governor shall appoint someone to serve for the remainder of the unexpired term. Currently, there is no quorum definition for the CHOICE board in the Indiana Code. However, the CHOICE board shall establish procedures to govern its deliberations.<sup>1</sup>

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<sup>1</sup> Changed 4/10/06

**2019.3 ALZHEIMER'S DISEASE AND RELATED SENILE DEMENTIA TASK FORCE (ALSO KNOWN AS THE GOVERNOR'S TASK FORCE ON ALZHEIMER'S DISEASE AND RELATED DEMENTIA)**

**(a) Policy.**

(1) The Alzheimer's Disease and Related Senile Dementia Task Force has the responsibility to do the following:

- (A) identify areas of concern to be addressed by the **FSSA DA**.
- (B) compile available research in the area of Alzheimer's disease or related senile dementia.
- (C) recommend services to the **FSSA DA** to meet the needs of persons with Alzheimer's disease or related senile dementia, including the needs of the persons' families.
- (D) recommend the development of training materials by the division for persons who care for or provide services to persons with Alzheimer's disease or related senile dementia.

(2) The Alzheimer's Disease and Related Senile Dementia Task Force consists of 13 voting and 4 non-voting members who shall serve 4-year terms and meet at least quarterly. Eight members constitute a quorum.

**(b) Authority.**

Indiana Code, 12-10-5-2

Indiana Code, 12-10-5-5

Indiana Code, 12-10-5-3(a)(9)

**(c) Procedure.**

(1) The Alzheimer's Disease and Related Senile Dementia Task Force shall consist of the following:

- (A) Two representatives of an Alzheimer's disease or related senile dementia support organization;
- (B) Five individuals with expertise in Alzheimer's disease or related senile dementia, including at least one physician with an unlimited license to practice medicine, and one psychologist with a license to practice psychology;
- (C) Two health-care providers that provide services to persons with Alzheimer's disease or related senile dementia;
- (D) One individual whose parent, spouse, brother, or sister is or was afflicted with Alzheimer's disease or related senile dementia; and
- (E) The director of the **FSSA DA** (or the director's designee);
- (F) The commissioner of the State Department of Health (or the commissioner's designee);

- (G) One representative of the Division of Mental Health and Addiction;
- (H) Two members of the House of Representatives appointed by the Speaker of the House of Representatives; and
- (I) Two members of the Senate appointed by the president pro tempore.

#### **2019.4 MONEY MANAGEMENT SERVICES PROGRAM ADVISORY COUNCIL**

##### **(a) Policy.**

- (1) The Money Management Program Advisory Council shall assist the **FSSA DA** by developing and implementing a statewide program of early intervention services as an alternative to guardianships for vulnerable lower income persons.
- (2) The advisory council shall work with the **FSSA DA** to expand the availability of representative payee and bill-payer services through the operation of a statewide money management program. Members do not receive any reimbursement fees or per diem.
- (3) The memorandum of understanding between **DDRS** and AARP/Legal Council for the Elderly provides for the establishment of a local advisory council in conjunction with the Money Management Program.
- (4) The Money Management Program Advisory Council shall do the following:
  - (A) provide a network of support and guidance and issue resolutions for the program and its participants;
  - (B) act as public liaison to inform the public and increase public awareness of the program; and
  - (C) assist, through a separate ad hoc committee, local program sites in seeking financial support.

##### **(b) Authority.**

- (1) Memorandum of Understanding Between AARP and the Division of Disability, Aging and Rehabilitative Services (**DDRS**), Article IV.

##### **(c) Procedure.**

- (1) The local Money Management Program Advisory Council shall consist of representatives from fourteen organizations and professions who meet quarterly. A majority of the members constitutes a quorum.
- (2) The State Advisory Council will be made up of interested and knowledgeable individuals that are able to refer clientele in order to increase the size of local programs. Bankers, legal services staff, caseworkers, person involved with guardianship services, local business people who have an interest in serving vulnerable populations, individual associated with academic institutions with finance or social service focus are all examples of individuals that would be appropriate candidates for the State Advisory Council.

(3) Local coordinators will serve on a committee that will report to the State Advisory Council. Members will serve two-year renewable terms. All votes will be decided by a simple majority. The council meets on a quarterly basis. Coordinators will serve on a coordinators subcommittee. A member will serve during the time they work as a Money Management Coordinator.

## **2020 CONTACT INFORMATION FOR THE 16 AREA AGENCIES ON AGING**

### CHART 1

#### **Indiana's 16 AAAs Counties Served and Location**

##### **Area 1**

Jasper, Lake, Newton, Porter, Pulaski, Starke  
Northwest Indiana Community Action Corp.  
5518 Calumet Ave.  
Hammond, IN 46320  
(800) 826-7871

##### **Area 2**

Elkhart, Kosciusko, LaPorte, Marshall, St. Joseph  
REAL Services, Inc.  
PO Box 1835  
South Bend, IN 46634  
(800) 552-2916<sup>1</sup>

##### **Area 3**

Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Stueben, Wells, Whitley  
Aging & In-Home Services of Northeast Indiana, Inc.  
2927 Lake Avenue  
Fort Wayne, IN 46805-5414<sup>2</sup>  
(800) 552-3662

##### **Area 4**

Benton, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren, White  
Area Agency and Community Action Programs  
PO Box 4727  
Lafayette, IN 47903  
(800) 382-7556

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<sup>1</sup> Revised 5/13/05

<sup>2</sup> Revised 4/10/06

Area 5

Cass, Fulton, Howard, Miami, Tipton, Wabash  
Area 5 Agency on Aging & Community Services  
1801 Smith St., Suite 300  
Logansport, IN 47947  
(800) 654-9421

Area 6

Blackford, Delaware, Henry, Jay, Madison, Randolph, Grant  
LifeStream Services, Inc.  
PO Box 308  
Yorktown, IN 47396-0308<sup>1</sup>  
(800) 589-1121

Area 7

Clay, Parke, Putnam, Sullivan, Vermillion, Vigo  
West Central Indiana Economics Development District, Inc. (WCIEDD)  
PO Box 359  
Terre Haute, IN 47808-0359<sup>2</sup>  
(800) 489-1561

Area 8

Boone, Hancock, Hamilton, Hendricks, Johnson, Marion, Morgan, Shelby  
Central Indiana Council on Aging and In-Home Solutions (CICOA)  
4755 Kingsway Drive, Suite 200  
Indianapolis, IN 46205-1560<sup>3</sup>  
(800) 489-9550<sup>4</sup>

Area 9

Fayette, Franklin, Rush, Union, Wayne  
In-Home & Community Services Agency  
520 S. 9th St., Suite 100  
Richmond, IN 47374-6230<sup>5</sup>  
(800) 458-9345

Area 10

Monroe, Owen  
Agency on Aging  
7500 W. Reeves Rd.  
Bloomington, IN 47404  
(800) 844-1010

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<sup>1</sup> Revised 4/10/06

<sup>2</sup> Revised 4/10/06

<sup>3</sup> Revised 4/10/06

<sup>4</sup> Revised 5/13/05

<sup>5</sup> Revised 4/10/06

Area 11

Bartholomew, Brown, Decatur, Jackson, Jennings  
Aging & Community Services of  
South Central Indiana, Inc.  
1531 13th St, Suite G-900  
Columbus, IN 47201  
866-644-6407

Area 12

Dearborn, Jefferson, Ohio, Ripley, Switzerland  
LifeTime Resources, Inc.  
13091 Benedict Drive  
Dillsboro, IN 47018  
(877) 897-0472<sup>1</sup>

Area 13

Daviess, Dubois, Greene, Knox, Martin, Pike  
Generations  
1019 N. 4th St., PO Box 314  
Vincennes, IN 47591  
(800) 742-9002

Area 14

Clark, Floyd, Harrison, Scott  
Lifespan Resources, Inc.  
426 Bank Street, Suite 100. P.O. Box 995  
New Albany, IN  
47151-0995  
(888) 948-8330<sup>2</sup>

Area 15

Crawford, Lawrence, Orange, Washington  
Hoosier Uplands  
521 W. Main St.  
Mitchell, IN 47446  
(800) 333-2451

Area 16

Gibson, Perry, Posey,  
Spencer, Vanderburgh, Warrick  
South West Indiana Regional Council on Aging (SWIRCA)  
16 W. Virginia, PO Box 3938  
Evansville, IN 47737  
(800) 253-2188

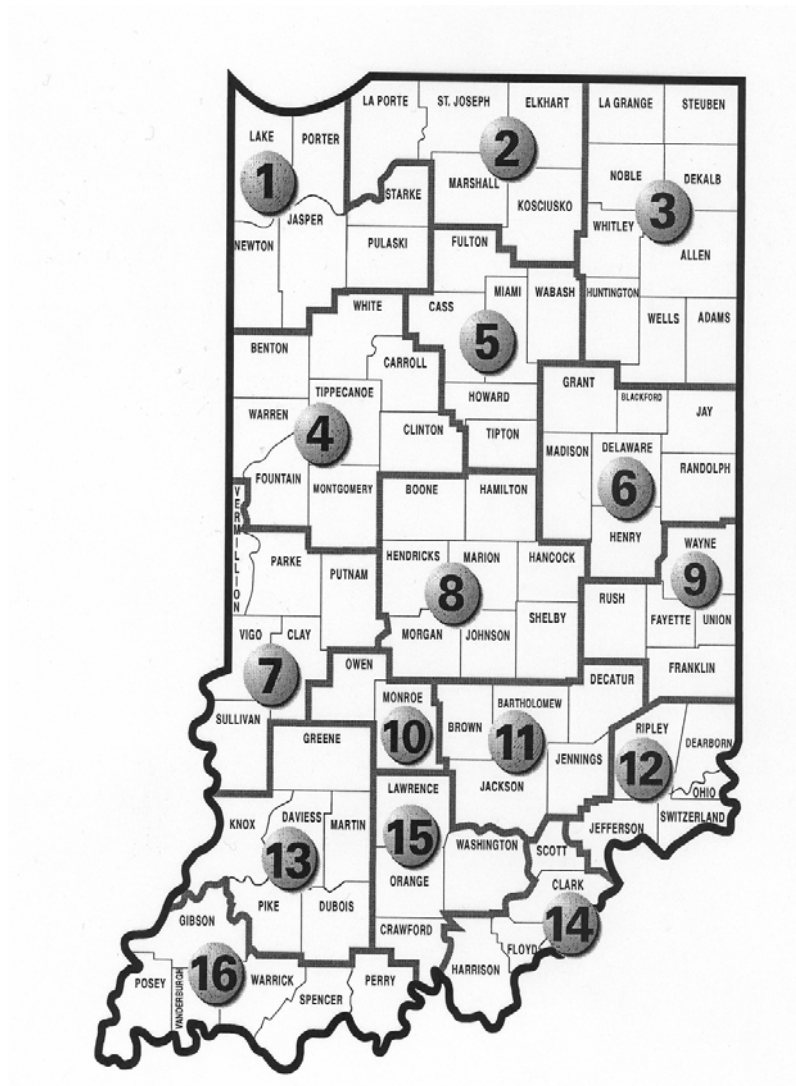
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<sup>1</sup> Revised 4/10/06

<sup>2</sup> Revised 5/13/05

## **2021** MAP OF THE 16 PLANNING AND SERVICE AREAS

CHART 2



## **2022 AREA PLAN ON AGING**

### **(a) Policy.**

(1) As required by the Older Americans Act, to receive or continue AAA designation, an AAA shall develop and submit an Area Plan to the FSSA DA. The Area Plan shall be for a two, three, or four year period as determined by the FSSA DA, with adjustments to be made on an annual basis.<sup>1</sup>

**(2) An AAA Needs Assessment shall be completed and results provided to the FSSA DA upon submission of a new area plan. AAA designation shall be withdrawn if the FSSA DA finds that an Area Plan or plan amendment cannot be approved.**<sup>2</sup>

### **(b) Authority.**

United States Code, 42 USC 3026(a)(1)

### **(c) Procedure.**

**(1) The AAA's assessment techniques shall be either a formal area-wide needs assessment survey or an alternative which includes at least three of the following:**

**(A) review of available census data and other statistical indicators for the PSA;**

**(B) interviews of key individuals who are knowledgeable about the community, its population, the needs and patterns of services already provided;**

**(C) community forums where objectives and needs are identified;**

**(D) the gathering of data through a survey of population sample; or**

**(E) any other valid research technique to acquire the necessary data.**

(2) The AAA shall conduct at least one public hearing regarding the needs assessment findings.

(3) The FSSA DA shall monitor, assess, and evaluate the implementation of the Area Plan and provide the AAAs with technical assistance as required.

**(4) The area plan shall not be implemented until final approval has been granted by the FSSA DA.**

**(5) The area plan provisions for submission are to be used by all AAAs to request direct delivery of service waiver approval.**

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<sup>1</sup> Older Americans Act, Section 306(a)(1)

<sup>2</sup> FSSA DA Operations Manual Section 3001.1 – Reasons for Withdrawal of the Designation of an Area Agency on Aging

## **2022.1 DIRECT PROVISION OF SERVICES**

### **(a) Policy.**

A separate Application for Waiver to Provide Direct Provision of Services form shall be included for each service that the AAA or any other agency with the same Board of Directors as the AAA, wishes to provide.

### **(b) Authority.**

Older Americans Act, Section 306

Older Americans Act, Section 307

Code of Federal Regulations, 45 CFR 1321.35

Code of Federal Regulations, 45 CFR 1321.59

Code of Federal Regulations, 45 CFR 1321.65

Indiana Code, IC 12-10-1-6

United States Code, 42 USC 3026

### **(c) Procedure.**

(1) The AAA shall include the following specific information in the Area Plan as required by the OAA and the FSSA DA:

#### **(A) OAA Waiver Exempt Services Form**

The OAA Waiver Exempt Services Form shall be submitted at the same time as the area plan submission and shall be updated and annually submitted to the FSSA DA. For each direct service that the AAA wants to provide, the AAA shall make a request by submission of a separate, fully completed OAA Waiver Exempt Services Form. If a direct service waiver approval is granted, it will be valid for one state fiscal year (7/1-6/30).

(B) Direct service waivers are not required for the provision of Ombudsman, Case Management (if the AAA is already providing case management services as of the date of the submission of the plan) or Information and Assistance/Referral (I & A/R) services. However, the requesting AAA must submit an OAA Waiver Exempt Services Form to the FSSA DA for each of these services (for monitoring and information purposes). The OAA Waiver Exempt Services form shall contain the following:

(i) full name of the service;

(ii) valid signature of the executive director of the requesting AAA and date of request (in blue ink);

(iii) grant funds listed; and

(iv) AAA staff to be involved.

**(C) Application for Waiver for Direct Provision of Service**

(i) For Waivers to provide direct delivery of services other than for Ombudsman, Case Management Services or Information and Referral, the completed Application for Waiver for Direct Provision of Service shall include information about the grant funds to be used to provide direct provision of the service.

(ii) Title, number of staff working full-time, part-time and the percent of time staff members use for administration of the service.

(iii) The AAA shall include an explanation to justify the use of funds and staff to provide the service and a description of the activities through which the AAA has tried to recruit and develop other providers of the service.

(iv) The AAA shall submit the names and addresses of all potential providers of the service to persons in the PSA. The list of providers does not need to be limited to providers physically located in the PSA.

(v) The AAA shall also fully describe past and proposed future activities at recruiting or encouraging the development of other service providers of the service, which include the following:

(I) proof of legal notices and/or classified advertisements that ran in the major newspaper in each county of the PSA for at least one day for two consecutive weeks, including Sunday, (if a paper is issued), during the fiscal year. The advertisement should list funding sources, dollar amounts, and services to be provided;

(II) proposed activities for the period covered by the new Area Plan aimed at recruiting or encouraging the development of other provider(s) of the service; and

(III) other positive documentation showing that direct delivery of service is necessary to assure the availability of services to eligible older adults.

**(2) Organizational Charts**

(i) Organizational charts showing titles and positions located within each unit of the AAA shall be included in the Area Plan. If the Area Agency on Aging is located within a multi-purpose agency, the AAA shall also attach an organizational chart that identifies all units within the multi-purpose agency, including the single organizational unit responsible for Older Americans Act activities.

### **(3) Board of Directors**

(i) A listing of the board of directors of the Area Agency on Aging, including name of the President or Chairperson; his/her address and place and day of the month of the board meetings shall be included. All board members names shall be listed along with the county represented, and the dates of the beginning and ending of their terms.

(ii) Include a copy of annual board meeting schedule; list address of board meeting locations, date of meetings and names of board members.

### **(4) Advisory Council Information**

**(A) Information regarding the advisory council shall include:**

(i) number of members;

(ii) number of members over 60 years - 50% of the advisory council must be 60 years old or older (if not 50% over 60 years old, describe plans to gain participation from areas without adequate representation);

(iii) number of Title III recipients;

(iv) number of elected public officials or their designee;

(v) number of representatives of health care providers organizations (include a separate count of veteran's health care providers);

(vi) number of representatives of the nutrition project or persons knowledgeable about the nutrition program;

(vii) number of representatives of the supportive services provider organizations;

(viii) number of persons with leadership experience in the private or volunteer sector;

(ix) number of persons who are members of a minority race include percentage of minority older adults in the PSA (if no minority members describe plan to gain participation of minorities);

(x) percentage of all older adults in the PSA;

(xi) percentage of minority older adults of total members on

the Advisory Council; and

(xii) number of older adults who reside in rural areas.<sup>1</sup>

(C) The AAA must specify how often the Advisory Council meets and how the Advisory Council meetings are advertised.

**(4) Target Population Information for the Area Plan.**

(i) The Area Plan shall contain a description of how the AAA assures preference to the target populations for each funding source. The Area Plan shall include assurances regarding:

(I) adults age 60 years old or older with the greatest economic and social need;

(II) older minority and low income minority individuals;

(III) older Individuals living in rural areas; and

(IV) older individuals who are Native Americans.

**(5) Focal Point Information for the Area Plan.**

(i) Focal Point information shall include:

(I) the Area Plan the process for selection of focal points.

(II) a list of all focal points including at least one focal point in each county or a provision that information/services are accessible to each county. If the AAA is unable to meet this requirement, the AAA shall submit a detailed explanation of the rationale for not having a focal point in each county and how non-focal point counties have a direct access to information and services.

**(6) Quality Assurance Procedures for All AAA Activity.**

(i) Quality assurance procedures for all services, providers and management shall be part of the Area Plan and include a quality assurance procedure for in-home services care plans per CHOICE Guidelines. All quality assurance tools used during the duration of the plan shall be submitted with the Area Plan. Include copies of provider and client survey tools and date of completion of last provider survey.

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<sup>1</sup> Older Americans Act, Section 306 (a)(6)(D)

**(7) Emergency Plan, Policy and Procedures.**

**(i) Describe the AAA's emergency plan, policies and procedures, and submit a copy of your agency's emergency plan and all associated material. The plan shall include not only an internal AAA plan but also include a plan for client service continuation and inter-agency coordination.**

**(8) Inventory of Available Home and Community-Based Resources.**

**(A) Provide number of nursing facilities in the PSA, number of assisted living facilities in the PSA, number of adult foster care facilities in the PSA, number of adult day care facilities in the PSA, number of RBA/ARCH facilities in the PSA, number of meal sites in the PSA, number of senior centers in the PSA, number of case managers in the PSA (including Area Agency and Independent), number of transportation providers in the PSA, number of mental health clinics in the PSA and indication of participation in the "You Can" program.**

**(9) Conflict of Interest.**

**(A) The Area Plan shall provide assurances that funds received under the OAA will not be used to pay any part of a cost (including an administrative cost) incurred by the AAA to carry out a contract or commercial relationship that is not carried out to implement the OAA.**

**(B) If an AAA wishes to contract with a service provider that is contrary to this section, either because an alternative service provider is not available or because it is in the best interest of the client, an AAA must request and be granted a waiver from the FSSA DA. The AAA shall not contract with that service provider unless the FSSA DA grants the waiver.**

**(10) Other Requirements.**

**(A) Also, the Area Plan shall include the following:**

**(i) SCSEP (Title V) Plan;**

**(ii) Rationale, goals, objectives, tasks, key indicators and outcomes for:**

**(I) Management initiatives**

**(II) Program Development**

**(III) Protective Services**

- (IV) Access Services
- (V) In-Home Services
- (VI) Advocacy
- (VII) Community Services
- (VIII) Legal Assistance
- (IX) Disease Prevention/Health Promotion
- (X) Senior Community Service Employment Program (SCSEP)
- (XI) Congregate meal site listings

(iii) Nutrition Services Information

- (I) Waiver for frequency of nutrition services
- (II) Case Manager Certification Process
- (III) Assurances including:
  - (a) Regulatory Requirements
  - (b) General Assurances
  - (c) Equal Opportunity and Civil Rights
  - (d) Provision of Services

(16) Cost Allocation Plan

(a) The AAA shall list the general approach used in allocating costs to particular grants and contracts, in compliance with OMB Circular A-122 – “*Cost Principles for Non- Profit organizations*”. The list shall include the following information:

- (1) How the AAA charges all allowable direct costs.
- (2) What the AAA uses as allowable joint or shared costs.
- (3) How all other allowable general and administrative costs are allocated.

**(b) Allocation of Joint Costs.**

(1) The AAA shall submit a Cost Allocation Plan which includes a summary of the AAAs methods and procedures used to allocate costs to programs, grants, contracts and agreements during the Area Plan period. The allocation of joint costs shall include a summary of the methodology on how joint costs are allocated.

**(c) Compensation for Personal Services.**

(1) The AAA shall submit a list of compensation for personal services to include the following information:

(A) How the salaries and wages of staff assigned and working full time for a program are allocated to that program.

(B) How the salaries and wages of staff assigned and working for more than one program are allocated based upon that individual's timesheet time allocation (with the supervisor's approval signature).

**(d) Employee Benefits and Related Expenses.**

(1) The AAA shall submit a list of Employee Benefits and Related Expenses including FICA, FUTA, group insurance, Worker's Compensation, and Flexible Compensation. These costs are to be allocated in the same manner as salaries and wages.

**(e) Space Costs.**

(1) An explanation of the methodology to determine space costs shall be included as part of the Cost Allocation Plan.

(2) Space costs are to be allocated based upon usable square footage. Costs include rent, electricity, gas, water and sewerage, and cleaning services. A schedule is prepared at the beginning of each year for each building which identifies the square footage being used by each individual.

(3) A schedule which identifies the square footage being used by each individual is to be prepared at the beginning of each year for each building. The resulting square footage distributions are divided by total square footage to arrive at percentage distributions for each individual. Space costs will be allocated to each program based upon time allocations of the individual occupying the space.

**(f) Telephone and Postage.**

(1) An explanation of the methodology to allocate telephone costs shall be included as part of the Cost Allocation Plan.

**(g) Contracts for Services.**

**(1) An explanation of the methodology to determine space costs shall be included as part of the Cost Allocation Plan.**

**(A) Insurance. (Cost for insurance will be allocated to benefited programs based upon what is being insured and the method used by the insurance company.)**

**(2) Professional Service Contracts.**

**(h) All other contracts.**

**(1) An explanation of the methodology used for other contracts shall be included as part of the Cost Allocation Plan.**

**(i) Materials and Supplies.**

**(1) An explanation of the methodology used to allocate materials and supply costs shall be included as part of the Cost Allocation Plan.**

**(A) Supplies ordered for a specific program will be allocated to that specific program.**

**(B) Commonly used office supplies shall be stored in specific locations and made available to all agency employees.**

**(C) The AAA shall include an explanation of how supplies are charged back to programs (requisition methods).**

**(D) Photocopying will be allocated based upon a specific usage rate per copy (listed separately for black and white and color copies).**

**(k) Travel and Transportation.**

**(1) Travel and transportation costs shall be allocated based on the purpose of travel. All travel and transportations costs shall be charged directly to the program for which the travel was incurred.**

**(l) Food Purchases.**

**(1) An explanation of the methodology used to allocate food purchase costs shall be included as part of the Cost Allocation Plan. OMB Circular A-122 applies to such purchases.**

**(m) Other Expenditures.**

**(1) Other costs will be allocated by a base determined to be appropriate to the cost.**

**(n) Capital Expenditures (\$5000 or more).**

**(1) Capital expenditures are allocated according to the direct program for which the expenditure is used. After receiving appropriate written funding source approval, equipment will be purchased in accordance with AAA bidding and purchasing requirements. The cost will then be allocated to the program ordering and using the equipment.**

**(2) When depreciation is recognized, it is recognized by the standards of OMB Circular A -122. If more than one program uses the equipment, then an allocation of the depreciation of the purchase cost will be based upon the particular equipment, unless all funding sources approve charging a share of the purchase cost to their grant.**

**(o) Allocation of General and Administrative Expenses.**

**(1) Allocation of general and administrative costs is the relative percentage of direct service labor hours within each program as compared to the agency as a whole. All general and administrative costs incurred by the agency are accumulated in a group of expense accounts maintained in an indirect cost pool.**

**(o) Allocation of Medicaid Waiver Administration.**

**(1) List the methodology of how these units are determined as billable units.**

**(p) Lists of Grants, Contracts, and Agreements.**

## **2022.2 SUBMISSION OF THE AREA PLAN**

### **(a) Policy.**

(1) Upon receipt of annual instructions from the FSSA DA, the AAA shall complete and send an original of the complete Area Plan (copies not accepted). The Area Plan shall be sent electronically and in written form to the Director of the FSSA DA. The written form of the Area Plan shall contain appropriate original signatures, including the signature of the AAA Director.

(2) The FSSA DA Director shall ensure the new Area Plan is distributed to appropriate FSSA DA staff for review.

### **(b) Authority.**

Older Americans Act, Section 306(a)

### **(c) Procedure.**

(1) Following receipt of the Area Plan, FSSA DA staff shall review the **Area Plan to assure compliance with federal and state regulations.**

(2) **The FSSA DA Director shall send notification of necessary Area Plan revisions electronically and in written form. The notification shall be addressed to the AAA Director. The notification shall contain instructions and requirements regarding needed changes, corrections, additions, adjustments, documentation, and a deadline date for the AAA to submit the revisions, corrections and adjustments to the Area Plan.**

(3) **The AAA shall complete all requirements and send back the revised Area Plan to the FSSA DA within the required time period.**

(4) The COA representative shall review each Area Plan with the FSSA DA and AAA staff and make recommendations for approval or disapproval to the FSSA DA. The FSSA DA shall maintain final authority on Area Plan approval. **If the Area Plan is found to meet all requirements, the COA shall consent to approval of the Area Plan.**

(6) Upon approval **of the Area Plan, the FSSA DA shall** issue a notification of the grant award and/or contract prior to the beginning date of the funding period.

(7) **The FSSA DA Director shall notify the AAA Director of the approval of the Area Plan by means of a written letter.**

(8) **The FSSA DA shall maintain a paper and electronic version of the Area Plan on file for the same time period that the Area Plan is in effect. As annual revisions to the Area Plan are approved, the Area Plan shall be updated by the appropriate FSSA DA staff.**<sup>1</sup>

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<sup>1</sup> Added 4/10/06

### **2022.3 AAA POLICY REGARDING DIRECT PROVISION OF SERVICES**

#### **(a) Policy.**

**(1) Except where a waiver is granted by the FSSA DA, area agencies shall award funds by grant or contract to community services provider agencies and organizations.** Identification of an AAA as a unit within a multi-purpose agency does not constitute an independent corporate identity. In such agencies, a "contract" between the AAA and a separate service-delivery provider within the same corporation structure will be viewed as direct delivery of service by the AAA and will not be permitted without a waiver approved by the **FSSA DA**. Service delivery by any AAA that has a corporate relationship with a service provider in which one corporation maintains majority control of the board of the other corporation will also be viewed as direct delivery of services and will require waiver approval by the **FSSA DA**. The AAAs must adhere to all procurement policies as found in the FSSA DA website.

(2) The **FSSA DA shall** consider approval for a direct delivery of services waiver after analyzing the AAA's area plan, direct delivery request form and associated documentation.

#### **(b) Authority.**

Code of Federal Regulations, 45 CFR 1321.63(b)

#### **(c) Procedure.**

(1) The AAAs are encouraged to develop multiple providers before requesting a waiver for direct delivery of services.

(2) Specific procedures will be found in Section 2022 - **Area Plan on Aging**.

#### **(d) Cross Reference.**

Section 2022 – *Area Plan on Aging* - FSSA DA Operations Manual.

## **2022.4 AREA PLANS AND PUBLIC HEARINGS**

### **(a) Policy.**

**Each AAA shall have and implement:**

- (1) hearings for needs assessments prior to submitting a new area plan to the FSSA DA for review; and**
- (2) area-wide public hearings on the area plan prior to an area plan review.**

### **Cross Reference.**

**Section 3000 – *Hearings and Appeals Process* - FSSA DA Operations Manual.**

## **2023 CONFLICT OF INTEREST**

### **(a) Policy.**

(1) Conflict of interest refers to ethical conduct in the workplace wherein the public obligations and the private interests of an employee may be in conflict and could influence the employee's judgment. It is the State officer's or employee's duty to determine if a potential conflict of interest exists, to avoid the conflict, if possible, or, where applicable, to disclose a conflict.

(2) An FSSA DA employee or representative shall not solicit or accept compensation other than that provided for by law for the performance of official duties. State employees, including employees of the **FSSA DA**, are not permitted to accept any gifts, meals, or similar items from vendors and lobbyists, if those vendors or lobbyists do business with the Family and Social Services Administration (FSSA).

(3) No employee or representative of the **FSSA DA** or an AAA shall be subject to a conflict of interest prohibited under the OAA.

(4) No employee or representative of the **FSSA DA** should use his or her position with the **FSSA DA** or information acquired during employment with the FSSA DA in a manner that may create a conflict or the appearance of a conflict, between the employee's personal interests and those of the **FSSA DA** or of the FSSA.

(5) All activities conducted as an employee of the **FSSA DA** should always place the lawful and legitimate interests of the **FSSA DA** over personal gain.

(6) Absent written authorization by the **FSSA DA**, no employee shall be affiliated with any buyer, purchasing agent, or provider of goods or services to the **FSSA DA** or FSSA. Such affiliation generally is inconsistent with the employee's capacity to deal with all providers; to fairly and honestly service the public interest; and to discharge his or her responsibility to the **FSSA DA** or FSSA.

### **(7) Conflict of Interest Situations**

(i) Conflict of interest may exist in the following situations:

(I) employment in which relatives are involved in a supervisory-subordinate relationship; or

(II) a business relationship wherein an employee stands to gain financially from transactions, purchases, property, services, or any other type of contractual relationship that would not "maintain the integrity and public purpose of services provided".

**(c) Authority.**

Older Americans Act, Section 307(a)(11)(B)  
Older Americans Act, Section 307 (a)(7)(B)(i)(ii)  
Older Americans Act, Section 307(a)(7)(B)(i)(ii)(iii)  
Indiana Code, 4-2-6-3  
Indiana Code, 4-2-6-9  
Indiana Code, 4-15-7-1  
Indiana Code, 35-44-1-3  
Indiana Administrative Code, 40 IAC 2-1-9

**(d) Procedure.**

- (1) The Indiana Department of Administration (IDOA) may cancel any contract with any AAA, without recourse by the AAA, if a conflict of interest situation arises and is not satisfactorily resolved, within a reasonable amount of time.
- (2) The IDOA will not exercise its right of cancellation, if the AAA obtains a written opinion from the State Ethics Commission indicating that the conflict of interest has been resolved and/or does not violate any statute or code, relating to conflict of interest or ethical conduct.
- (3) The IDOA may take action, including cancellation of the contract consistent with a written, official opinion of the State Ethics Commission, regarding a possible conflict of interest situation or ethical conduct violation.
- (4) If an FSSA DA employee **or an AAA employee** or staff member has any reason to believe there may be a conflict of interest, he or she should immediately disclose the matter to an immediate supervisor or the ethics officer.
- (5) An AAA may not contract for services with any entity that is owned or controlled by any of the following:
- (A) A member of the AAA's board of directors, or
  - (B) A member of the AAA staff; or
  - (C) A relative of any member of the AAA's board of directors, or executive staff, including the executive director.
- (6) The AAA shall disclose to the Indiana Department of Administration (IDOA) the following:
- (A) when an individual executing a grant for the AAA, awarded through the **FSSA DA** becomes a State employee; or
  - (B) when an individual who has an interest of 3% or more of an entity receiving a grant awarded through the **FSSA DA**, becomes a State employee; or
  - (C) when a spouse or unemancipated child of an individual that is executing a grant for the AAA or has an interest of 3% or more of an entity receiving a grant through the **FSSA DA** becomes a State employee.

(7) If a person or entity provides case management services to an older adult or a person with disabilities, then that person or entity shall not provide any other service under this article to that particular individual or any other individual under the Medicaid Waivers unless a Waiver is received and approved by the **FSSA DA**.

**(e) Cross Reference.**

“Conflict of Interest” section of the contract agreement between the AAA and **FSSA DA**.

## 2023.1 CONFLICT OF INTEREST RULES

### CHART 3

#### **460 IAC 1-5-10 CONFLICT OF INTEREST (ADULT GUARDIANSHIP SERVICES)**

Sec. 10. (a) The provider shall avoid even the appearance of a conflict of interest or impropriety when dealing with the needs of the recipient. Impropriety or conflict of interest refers to a situation in which the provider has a personal or financial interest, or both, that may be perceived as self-serving or adverse to the position or the best interest of the recipient.

(c) The provider's adult guardianship services program volunteers shall be free from conflict of interest.

(d) The provider's adult guardianship services program advisory committee shall have a written plan for resolving conflicts of interest.

#### **460 IAC 1-4-9 CONFLICTS OF INTEREST (CHOICE RULE)**

Sec. 9. (a) The AAA shall not contract for CHOICE services with any service provider that is owned or controlled by a member of the AAA's board of directors or a member of the AAA's staff. (b) The AAA shall not contract for CHOICE services with any service provider that is owned or controlled by a relative (father, mother, brother, sister, uncle, aunt, husband, wife, son, daughter, son-in-law, daughter-in-law, grandmother, grandfather, grandson, or granddaughter) of any member of the AAA's board of director or executive staff, including the executive director. (c) An AAA that wishes to contract with a service provider contrary to this section, due to the lack of an alternative provider or because it is in the best interest of the participant, must request and be granted a waiver from the division.

#### **460 IAC 1-7-11 CONFLICT OF INTEREST; STATE OMBUDSMAN (LTC OMBUDSMAN) AND STATE LEVEL OFFICE STAFF**

Sec. 11. Any individual who has the following conflicts of interest, or any individual who has an immediate family member with these conflicts of interest, shall not be appointed as state ombudsman or to the staff of the state office:

(1) Having a financial interest in a long term care facility or a long term care service within three (3) years before the date of appointment.

(2) Employment in a long term care facility within one (1) year before the date of appointment.

(3) Current direct involvement in the licensing or certification of a long term care facility or a provider of a long term care service.

(4) Current employment in, contractual arrangement with, or participation in the management of a long term care facility.

(5) Current membership in a trade association of long term care facilities.

**460 IAC 1-7-12 CONFLICT OF INTEREST; BOARD MEMBERS, (OMBUDSMAN)  
OFFICERS, AND EMPLOYEES OF LOCAL OMBUDSMAN ENTITIES**

Sec. 12. (a) Board members of the local ombudsman entity who are not free from conflicts of interest shall not participate in any discussion or vote on any matters pertaining to the program, and such refusal shall be made a part of the minutes or other official record of the local entity's board of directors or other comparable governing body. Such conflicts of interest include the following:

(1) Current direct involvement in the licensing or certification of a long term care facility or a provider of a long term care service.

(2) Current employment in, contractual arrangement with, or participation in the management of a long term care facility.

(3) A current financial interest in a long term care facility or a long term care service.

(4) Current membership in a trade association of long term care facilities.

(b) In order to receive and maintain designation or to be redesignated as a local ombudsman entity, officers of those entities seeking to be designated or redesignated as local ombudsman entities shall be free from conflicts of interest, which include the following:

(1) Current direct involvement in the licensing or certification of a long term care facility or a provider of a long term care service.

(2) Current employment in, contractual arrangement with, or participation in the management of a long term care facility.

(3) A current financial interest in a long term care facility or a long term care service.

(4) Current membership in a trade association of long term care facilities.

(c) In order to receive designation, or redesignation, as a local ombudsman entity, employees of those entities who supervise a local ombudsman shall be free from conflicts of interest, which include the following:

(1) Current direct involvement in the licensing or certification of a long term care facility or a provider of a long term care service.

(2) Current employment in, contractual arrangement with, or participation in the management of a long term care facility.

(3) A current financial interest in a long term care facility or a long term care service.

(4) Current membership in a trade association of long term care facilities.

**460 IAC 6-19-9 CONFLICT OF INTEREST (SUPPORTED LIVING CASE MANAGEMENT)**

Sec. 9. If a person provides case management services to an individual, then that person shall not provide any other service under this article to that particular individual.

## **2024 NEPOTISM**

### **(a) Policy.**

(1) No person being related to any member of any state board or commission, or to the head of any state office or department or institution, as father, mother, brother, sister, uncle, aunt, a husband or wife, son or daughter, son-in-law or daughter-in-law, niece or nephew, shall be eligible for any position in any such state board, commission, office, or department or institution, as the case may be, nor shall any such relative be entitled to receive any compensation for his or her services out of any appropriation provided by law.

(2) No persons related as father, mother, brother, sister, husband, wife, son, daughter, uncle, aunt, son-in-law, daughter-in-law, niece, or nephew may be placed in a direct supervisory-subordinate relationship.

(3) This section shall not apply if such person has been employed in the same position in such office or department or institution for at least twelve consecutive months immediately preceding the appointment of his relative as a board member or head of such office, department, or institution.

(4) To establish uniform guidelines within the **FSSA DA**, the hiring of family members is restricted. Persons related to any member of any state board or commission or to the head of any state office, department, or institution:

(A) shall not be eligible to hold any position within the same entity; and

(B) are not eligible to receive any compensation for services out of any appropriation.

(5) The restrictions do not apply if the person has been employed in the same position within the office, department, or institution for twelve consecutive months immediately preceding the appointment of his or her relative as a board member or head of such office, department, or institution.

### **(b) Authority.**

Indiana Code, 4-15-7-1(d)

Indiana Code, 1-1-19-9

FSSA Policies and Procedures Manual –AD1-20

### **(c) Procedure.**

Employees of the **FSSA DA** have the responsibility to contact their supervisor, the FSSA Ethics Officer or the State Ethics Commission whenever there are questions involving gifts from vendors.

## **2025 ACCEPTANCE OF GIFTS**

### **(a) Policy.**

State employees, including employees of the **FSSA DA**, are not permitted to accept any gifts, meals, or similar items from vendors and lobbyists if they do business with the Family and Social Services Administration (FSSA).

### **(b) Authority.**

FSSA Policies and Procedures Manual -AD1-20, and Older Americans Act, Section 306(a) (14).

### **(c) Procedure.**

(1) Employees of the **FSSA DA** have the responsibility to contact their supervisor, the FSSA Ethics Officer or the State Ethics Commission whenever there are questions involving gifts from vendors.

(2) An AAA may not contract for services with any entity that is owned or controlled by any of the following:

(A) A member of the AAA's board of directors, or

(B) A member of the AAA staff; or

(C) A relative of any member of the AAA's board of directors, or executive staff, including the executive director.

(3) The AAA shall disclose to the Indiana Department of Administration (IDOA) the following:

(A) when an individual executing a grant for the AAA, awarded through the **FSSA DA** becomes a State employee; or

(B) when an individual who has an interest of 3% or more of an entity receiving a grant awarded through the **FSSA DA**, becomes a State employee; or

(C) when a spouse or unemancipated child of an individual that is executing a grant for the AAA or has an interest of 3% or more of an entity receiving a grant through the **FSSA DA**, becomes a State employee.

(D) If a person or entity provides case management services to an older adult or a person with disabilities, then that person or entity shall not provide any other service under this article to that particular individual or any other individual under the medical Medicaid Waivers, unless a Waiver is received and approved by the **FSSA DA**.

## **2026 CONFIDENTIALITY**

### **(a) Policy.**

(1) Except as properly authorized by the **FSSA DA** or the FSSA, it shall be the responsibility of all employees to maintain the confidentiality of all information not required by law to be disclosable to the public including electronic mail, memorandums and conversations.

(2) According to the FSSA Code of Conduct, all employees who suspect violations of the letter or spirit of the Code of Conduct have an obligation to report their concerns to the **FSSA DA** or the FSSA designated ethics officer. Employees may also relate their suspicions or specific incidents to any member of the State Ethics Commission.

(3) No adverse action shall be taken or permitted against anyone for communicating legitimate concerns to the appropriate persons. While an investigation will be facilitated if the employee identifies himself or herself, the **FSSA DA** or FSSA will accept and investigate matters submitted anonymously.

### **(b) Authority.**

PL104-191

### **(c) Procedure.**

(1) All employees and contractors under the jurisdiction of the State Ethics Commission are expected to follow the rules outlined in the *Indiana Code of Ethics for the Conduct of State Business* document and PL 104-191 – Health Insurance Portability and Accountability of 1996 (HIPAA).

(2) All new employees shall complete training regarding State ethics requirements on the first day of work following the beginning of a contract term or pursuant to an internal requisition if, in the judgment of the Division Director or the FSSA Secretary, the contractor will work more than thirty hours a week for more than twenty-six weeks during any one year period.

(3) The AAA shall agree that all information, including but not limited to information concerning older adults or person with disabilities, received by the AAA or a service provider, in administering the terms and provisions of a contract agreement between the **FSSA DA** and the AAA, shall be received and maintained in a confidential manner corresponding with the condition set forth in the contract agreement and the requirements of the Older Americans Act, the Indiana Code and any other applicable laws and regulations.

### **(d) Cross Reference.**

Section 7 - *Health Insurance and Portability Act of 1996 (HIPAA)* - FSSA DA Operations Manual.

## **2027 COORDINATION**

### **(a) Policy.**

(1) The **FSSA DA** shall provide a comprehensive and coordinated service system for Indiana's aging population, giving high priority to those individuals in greatest need. In carrying out these duties, the **FSSA DA** shall coordinate service delivery with the AAAs.

(2) Also, the **FSSA DA** shall initiate, evaluate, and provide assistance for improving programs in cooperation with all other state agencies having concerns or responsibilities for older adults.

### **(b) Authority.**

Indiana Code, 12-10-1-4

Indiana Code, 12-10-1-5

Indiana Code, 12-10-1-6

United State Code, 42 USC 3027(a)(17)

Code of Federal Regulations, 45 CFR 1321.7

Code of Federal Regulations, 45 CFR 1321.17(f)(8)

### **(c) Procedure.**

(1) The **FSSA DA** will coordinate planning, identification, assessment of needs, and services for older adults with disabilities, giving particular attention to persons with severe disabilities, with the appropriate state agencies, to enhance services and develop collaborative programs to meet the needs of older adults with disabilities.

(2) The **FSSA DA** shall ensure the maximum availability of services to older adults and persons with disabilities through the following coordination and resource activities:

(A) coordination of the **FSSA DA** and the AAAs needs assessments;

(B) monitoring, oversight and statewide coordination in the development and implementation of the Area Plans;

(C) development of the State Plan; and

(D) contracting with the AAAs to carry out assessment and plans needs and goals.

(3) The AAA designated by the **FSSA DA** in each planning and service region shall coordinate, in cooperation with other agencies or organizations in the area, region, district, or county, all programs and activities providing health, recreational, educational, or social services for older adults.

(4) Each AAA and its service providers shall coordinate planning and service delivery with other agencies and organizations within the PSA.

(5) The **FSSA DA shall complete** the following procedures to ensure coordination of services to older adults and persons with disabilities;

(A) identify national and state programs which impact or could impact older adults and persons with disabilities;

(B) participate in organizations developed for purposes of information sharing, joint planning and service delivery;

(C) establish public/private coalitions to address the growing needs of older adults;

(D) enter into cooperative agreements with state agencies and organizations in order to clearly outline respective responsibilities and expected outcomes;

(E) extend opportunities for participation in the **FSSA DA** sponsored training to state health and social service agencies and organizations that serve and/or advocate for older adults; and

(F) extend opportunities for participation in the **FSSA DA** sponsored training to businesses and organizations which improve the skills of the **FSSA DA** staff and otherwise further the interests and needs of older adults and persons with disabilities.

(6) The AAA shall do the following:

(A) initiate new services and pursue resource development at the local and area levels.

(B) have a process in place that invites participation for the development and implementation of the area plan and the CHOICE plan from a variety of sources, including consumers, providers, advocacy groups, independent living centers, hospitals, nursing homes, and the general public; and

(C) conduct evaluations, at least on an annual basis, of providers and projects delivering services to older adults and persons with disabilities.

## **2028 DIRECT DELIVERY OF SERVICES**

### **(a) Policy.**

(1) No supportive services, nutrition services, or in-home services will be directly provided by the **FSSA DA** or an AAA, except where, in the judgment of the **FSSA DA**:

(A) provision of the service by the **FSSA DA** or an AAA is necessary to assure an adequate supply of services;

(B) services are directly related to the **FSSA DA** or AAA administrative function;  
or

(C) services of comparable quality can be provided more economically by the FSSA DA or an AAA.

(2) Identification of an AAA as a unit within a multi-purpose agency does not constitute an independent corporate identity. In such agencies, a "contract" between the AAA and a separate service-delivery provider within the same corporation structure will be viewed as direct delivery of service by the AAA and will not be permitted without a waiver approved by the **FSSA DA**. Service delivery by any AAA that has a corporate relationship with a service provider in which one corporation maintains majority control of the board of the other corporation will also be viewed as direct delivery of services and will require waiver approval by the **FSSA DA**. The AAAs are encouraged to develop multiple providers before requesting a waiver for direct delivery of services.

(3) The AAAs must adhere to all procurement policies as found in the FSSA DA website.

### **(b) Authority.**

Older Americans Act, Section 307

Code of Federal Regulations, 45CFR 1321.63

### **(c) Procedure.**

Section 2023 – *Area Plan on Aging* – FSSA DA Operations Manual.

## **2029 INFORMATION SHARING**

### **(a) Policy.**

(1) The **FSSA DA** shall promote community education regarding the problems of older adults through institutes, publications, radio, television and the press, and establish and maintain information and referral sources throughout Indiana when not provided by other agencies.

(2) The **FSSA DA** shall serve as a clearinghouse for information on issues affecting older adults and persons with disabilities.

### **(b) Authority.**

Indiana Code, 12-10-1-4

### **(c) Procedure.**

(1) The **FSSA DA** may gather and disperse information from national, state, and local sources regarding problems and issues facing older adults and adults with disabilities, through methods such as:

(A) communication materials such as brochures, information sheets, websites external/internal links, help-lines, information and referral programs and other materials and programs as indicated and appropriate;

(B) participation in state and local educational forums (conferences, training, seminars) either by hosting or collaboration with key stakeholders;

(C) overseeing the information and referral programs within the AAAs based on the State Plan and the individual AAA plan;

(D) presenting the annual Governor's Conference on Aging and In-Home Services;

(E) presenting and sponsoring events and displays at the senior citizen's building during the annual Indiana State Fair; and

(F) maintaining an accurate and informative website for the **FSSA DA**.

(2) The AAA shall dispense information through the following:

(A) community education via institutes, publications, radio, websites, television, and the press;

(B) training for AAAs, service providers, special interest groups, and key stakeholders in the community;

(C) workshops and special events for older adults and persons with disabilities; as well as providers who serve these constituents; and

(D) contacts with individuals and specific stakeholder groups based on the type of information to be shared and the specific aspect of educational delivery.

## **2030 MARKETING MATERIALS**

### **(a) Policy.**

(1) Potential press releases or marketing materials, initiated by the **FSSA DA**, including brochures, radio, television or printed advertisements or any other marketing or informational documents shall be routed through the Office of Communications for release to the public.

### **(b) Authority.**

Indiana Code, 12-10-1-4(12)

### **(c) Procedure.**

(1) The **FSSA DA** director will forward such materials to the communications liaison for input, feedback, and approval. Responses will be made to the **FSSA DA** Director for follow up. Timelines are based on level of urgency for the proposed materials.

(2) Materials developed by the Office of Communications that refer, address or respond to issues, concerns, and topics that are age-specific/relevant material will be provided to the **FSSA DA** Director for input and feedback. Response time will be based on the level of urgency for proposed materials.

## **2031 RETENTION OF RESOURCE RECORDS**

### **(a) Policy.**

(1) Administrative and some public information files shall be kept in the Library and Resource Center. Certain types of records have a required time period of retention.

(2) Administrative records such as official minutes of any state agency, board, commission meeting, or of any division; are to be kept for five years after the end of the calendar year of the meeting.

(3) After the five years, the record is transferred to the Commission on Public Records, State Archives Division. The office manager monitors the retention of these records and is responsible for the transfer of these records to the Indiana Commission of Public Records, Archives Division.

### **(b) Authority.**

Indiana Code, 5-15-5.1-5(a)(9)

Indiana Code, 5-15-5.1-12

### **(c) Procedure.**

(1) Administrative files could be used to respond to public inquiries on policies or programs or miscellaneous agency projects.

(2) Public information files should be transferred to the COMMISSION ON PUBLIC RECORDS, STATE ARCHIVES DIVISION, for evaluation, sampling or weeding pursuant to archival principles, when the files become outdated or replaced. The office manager monitors the retention of these records and is responsible for the transfer of these records to the Indiana Commission of Public Records, Archives Division. (Evaluation sampling is done by ICPR/Archives.) Public information files such as typical administrative files could contain correspondence, publications, maps, drawings and related records.

### **(d) Cross Reference.**

Records Center Handbook for State Agency Staff –found on the Commission on Public Records website [www.in.gov/icpr](http://www.in.gov/icpr).

## **2032 GOVERNOR'S CONFERENCE ON AGING**

### **(a) Policy.**

The **FSSA DA** shall plan and host the annual Indiana Governor's Conference on Aging and In-Home Services.

### **(b) Authority.**

Indiana Code, IC 12-10-1-4 (17)

### **(c) Procedure.**

(1) Planning for the Indiana Governor's Conference shall commence approximately one year prior to the event. Securing a date and venue shall be the first planning priority, followed by the development of an event timeline.

(2) Conference planning work shall be developed and operated with a community based planning committee that meets, at a minimum, nine times during the yearly planning cycle. Meeting agendas, notes, and reports are recorded and kept in a conference planning manual. The conference manual provides the conference planning timeline with appropriate context and operational directions to be followed.

(3) The Governor's office is notified initially when the date/time/location is determined. Both electronic mail and formal letters are sent to the Governor's office 6 months prior to the actual conference date, with follow up at 2 months prior to the event. Drafts of the welcome letter, and any key directions/talking points are requested 3 months prior to the conference date. The Governor shall be formally invited upon securing the date and location.

(4) The Indiana Governor's Conference will be planned and conducted in accordance with all relevant state codes and guidelines and reflect the goals of the **FSSA DA** and the FSSA. The conference will also reflect relevant goals and objectives outlined in the State plan, community stakeholder strategic objectives (as appropriate), as well as the principles of sound geriatrics.

(5) The **FSSA DA** shall adhere to guidelines concerning, but not limited to, submissions of budget and venue contracts. All efforts should be made to ensure that the conference is fiscally self-sustaining.

## **2033 INDIANA STATE FAIR**

### **(a) Policy.**

The **FSSA DA** shall participate every year in the Indiana State Fair.

### **(b) Authority.**

Indiana Code, 12-10-1-4(12)

### **(c) Procedure.**

- (1) The date of the Indiana State Fair is set by the State Fair Board of Directors.
- (2) The **FSSA DA** has the use of an assigned state fair building during the fourteen day run of the state fair. The **FSSA DA** state fair coordinator shall consult with the sixteen AAA event coordinators when planning the yearly activities for the state fair event.
- (3) If the **FSSA DA** has a sponsor for the annual state fair event, the name appearing on the building accommodating the event may change, however, *Senior Citizens Building* must always be part of the name.
- (4) The events, decorations, and displays at the **FSSA DA** state fair event shall reflect the goals of the FSSA, and the **FSSA DA** and shall provide information and services to those persons that visit the senior citizens building. The state fair will pay for the use of all other materials and services to maintain the building during the fourteen day event.
- (5) The **FSSA DA** must pay for the use of the senior citizens building, using monies made available by the **FSSA DA** or FSSA.
- (6) The **FSSA DA** shall sell booth space at the senior citizens building to pay for use of the state fair building.
- (7) The **FSSA DA** state fair coordinator must submit a budget to the State Fair Fiscal Department in a timely manner.
- (8) An annual meeting shall be held after the State Fair is concluded.
- (9) The AAA shall coordinate with the **FSSA DA** (when requested) in the planning and presentation of the annual Indiana State Fair event.

## **2034 MONITORING AND ASSESSMENT**

### **(a) Policy.**

(1) Monitoring and assessment is an evaluation to identify whether the requirements of current program laws, plans, policies, goals and objectives are being met, to determine needs for technical assistance, and to identify particular needs for best-practice recommendations.

(2) The **FSSA DA** shall review, assess, monitor, evaluate and comment on Federal, State and local plans, budgets, regulations, programs, law, levies, hearings, policies, and actions which affect or may affect older adults and recommend any changes in which the **FSSA DA** considers to be appropriate.

### **(b) Authority.**

United States Code, 42 USC 3027(a) (4)  
Code of Federal Regulations, 45 CFR 1321.13  
Code of Federal Regulations, 45 CFR 1321.7(c)  
Code of Federal Regulations, 45 CFR 1321.53  
Indiana Code, 12-10-1-4(7)

### **(c) Procedure.**

(1) Monitoring activities shall be completed for each AAA, within the period of the AAA Contract Agreement. Monitoring and Assessment activities **may** include the following:

- (A) review of AAA area plans;
- (B) on-site visits to the AAAs; and
- (C) other data gathering activities, such as desktop review and electronic review, completed for individual programs.

(2) Assigned **FSSA DA** staff shall coordinate monitoring and assessment activities with program coordinators and specialists within other units in the **FSSA DA**.

(3) The **FSSA DA** shall perform the following monitoring and assessment activities:

- (A) **evaluate** activities, services, and programs receiving funds under the State Plan by reviewing claims for reimbursement, financial reports, program performance reports, and other electronic and hard copy communications and through on-site visits to the AAAs.
- (B) utilize assessment instruments that will be made available to the AAA prior to use by the **FSSA DA**.

(4) The following AAA or service provider activities will be monitored for compliance:

- (A) fiscal management practices and procedures;
- (B) AAA operation, including coordination with other service providers, area

plans, priority services to target populations, grants and contracts under the area plan, and stewardship of the OAA;

(C) AAA administration policies and procedures;

(D) Senior Community Service Employment Program (SCSEP - Title V);

(E) in-home services and case management;

(F) information and assistance programs;

(G) **nutrition services including** meal-site assessments for congregate and home-delivered meals;

(H) other service-specific assessments as appropriate; and

(I) implementation of policy.

### **2034.1 Monitoring Visit to the AAA**

(1) The **FSSA DA** will prepare and forward a report to the AAA within thirty days from a monitoring and assessment visit indicating accomplishments, program performance, and any findings requiring corrective actions.

(2) Copies of the report shall also be sent to the appropriate unit supervisor and program coordinator or specialist.

(3) The AAA must respond in writing, to the Executive Director of the **FSSA DA** within thirty days of the receipt of the assessment report on any recommendation and/or corrective action indicated. The AAA will be afforded an opportunity to explain in writing or in a meeting, any aspect of the assessment with which the AAA disagrees or needs clarified. At the discretion of the **FSSA DA**, the AAA may be required to submit a written corrective action plan, within a specified timeframe, to the **FSSA DA**. The **FSSA DA** shall monitor any submitted corrective action plan for compliance.

(4) If an AAA fails to submit a corrective action plan within the specified time frame or if an AAA submits an incomplete or unsatisfactory corrective action plan, or if the AAA does not take the appropriate corrective actions within a specified target date, the **FSSA DA** may sanction the AAA through punitive measures which may include decertification of the AAA.

(5) The AAA shall carry out the following:

(A) provide access to fiscal and program information necessary for state or federal monitoring and assessment in both hard copy and electronic documents;

(B) respond within the requested time frame to problems addressed in written reports or included in a corrective action plan; and

(C) self monitor and assess activities, services, and programs funded under the area plan, including those provided by an AAA under a direct delivery of services waiver.

(D) develop monitoring and assessment instruments and written procedures for carrying out monitoring and assessment functions;

(E) maintain documentation of all monitoring and assessments, technical assistance, and corrective actions in the appropriate service-provider file;

(F) ensure that all of its service providers maintain adequate fiscal and programmatic records as required for services funded through the AAA; and

(G) ensure that service providers submit fiscal and program reports to the AAA as requested and permit the FSSA DA and AAA staff to examine service documents and records as necessary to monitor or assess programs.

## **2034.2 MONITORING AND ASSESSMENT REGARDING THE AMERICANS WITH DISABILITIES ACT (ADA)**

### **(a) Policy.**

(1) The FSSA DA shall review AAA written policy to assure that AAA facilities are in compliance with the Americans with Disabilities Act (ADA).<sup>1</sup>

(2) The AAAs shall comply with all ADA standards.

(3) All AAAs shall maintain a written policy concerning the use and evaluation of all their buildings and buildings used by their clients relating to ADA compliance.

### **(b) Authority.**

Public Law 101-336 (ADA)

United States Code 42, USC 126, Section 12181, 12182 and 12186

### **(c) Procedure.**

The written policy must be maintained in the AAA's formal policy manual.

(1) The written policy must address the following priorities:

(A) accessible approach and entrance;

(B) access to goods and services;

(C) access to rest rooms;

(D) any other measures necessary.<sup>2</sup>

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<sup>1</sup> Added 4/10/06

<sup>2</sup>*The Americans with Disabilities Act Checklist for Readily Achievable Barrier Removal (August 1995)* - Checklist for Existing Facilities - version 2.1 recommends access to public buildings should be re-evaluated annually.

## **2035 NEEDS ASSESSMENT**

### **(a) Policy.**

(1) The **FSSA DA** shall perform the following duties:

(A) Evaluate programs, services and facilities for the aged and determine the extent to which those programs, services, and facilities meet the needs of the aged.

(B) Examine the needs of the aged and prepare programs and facilities to meet those needs.

### **(b) Authority.**

United States Code, 42 USC 3026(a)(1)

### **(c) Procedure.**

(1) The **FSSA DA** shall do the following:

(A) conduct statewide needs assessments, every four years, in conjunction with the **FSSA DA** State Plan to determine service gaps and needs; and

(B) assure that the AAAs conduct needs assessments, in conjunction with the AAA area plan, to determine needs and location of services.

(2) The AAA shall conduct assessments to determine the service needs and priorities of older adults and persons with disabilities within the PSA.

(3) To the greatest extent possible, findings of needs assessments shall determine the method for delivering services.

(4) The AAA's assessment techniques may include the following methods:

(A) Reviewing census data for the particular area or areas of similar size and population along with other statistical indicators of the community.

(B) Interviewing key informants who are knowledgeable about the community, its people, their needs, and patterns of services already received.

(C) Gathering raw data through a survey of a population sample, completed by the AAA board of directors or an objective third party.

(D) Any other valid research technique to acquire the necessary data.

(5) The AAA shall:

(A) in conjunction with the submission of each full new area plan, conduct a PSA wide assessment which determines service needs, service deficiencies and priorities of older adults and persons with disabilities within the PSA.

(B) the AAA's assessment techniques shall be either a formal area-wide needs

assessment survey or an alternative which includes at least 3 of the following:

- (i) review of available census data and other statistical indicators for the PSA;
- (ii) interviews of key individuals who are knowledgeable about the community, its population, the needs, and patterns of services already provided;
- (iii) community forums where objectives and needs are identified;
- (iv) the gathering of data through a survey of population sample;
- (v) the AAA shall conduct at least 1 public hearing regarding the needs assessment findings, and;
- (vi) any other valid research technique to acquire the necessary data.

## **2036 PRIORITY SERVICES**

### **(a) Policy.**

Each area agency plan shall provide, through a comprehensive and coordinated service system for supportive services, nutrition services and where appropriate for the establishment, maintenance or construction of multipurpose senior centers, within the planning and service area.

### **(b) Authority.**

Older Americans Act, Section 306

### **(c) Procedure.**

(1) The **FSSA DA** has specified a minimum percentage of the AAA Title III-B allotment to be spent in each of the following priority services categories:

- (A) Access services—40%
- (B) In-home Services—15%
- (C) Legal services—3%
- (D) Ombudsman services—3%

(2) The **FSSA DA** shall review program reports, needs assessments, and expenditure data to determine priority service needs. Required minimum expenditures for each category of priority services will be shown in the State Plan and the area plan format. Completed Area Plans will be reviewed to assure that amounts budgeted for priority services will not fall below the required minimums.

(3) The AAA must address each category of priority services. Every AAA shall develop an annual budget for its Area Plan that ensures that an adequate amount of its allotment is expended for the delivery of the following types of services:

- (A) access services including transportation; outreach, information and assistance and case management services.
- (B) in home services including supportive services for families of older adults who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance.

(4) The AAA shall require each service provider to report quarterly on services and expenditures. The AAA must monitor and assess each service provider to ensure that funding designated for priority services is being utilized accordingly.

## **2037 REPORTING REQUIREMENTS**

### **(a) Policy.**

(1) The plan shall provide that the State agency will make such reports, in such form, and containing such information as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary must impose to insure the correctness of such reports.

(2) The **FSSA DA** will prepare reports with the information and in the form required by the assistant secretary of the Administration on Aging (AoA) and will comply with all requirements imposed by the assistant secretary to ensure the correctness of the reports.

(3) At the request of the assistant secretary and for the purpose of monitoring compliance with the act, including conducting an audit, the **FSSA DA** shall disclose all sources and expenditures of funds the **FSSA DA** and AAAs receive or expend to provide services for older adults.

### **(4) Required Reports from the **FSSA Division of Aging**.**

(A) The **FSSA DA** is required to prepare and submit the following reports; see appropriate citation for details.

(i) Report: INDIANA STATE PLAN FOR AGING AND IN-HOME SERVICES  
UNDER THE OLDER AMERICANS ACT  
Authority: OAA 307(a)  
Submitted To: U.S. ADMINISTRATION ON AGING  
Due: EVERY FOUR YEARS; **NEXT ONE DUE September 1<sup>st</sup>, 2006<sup>1</sup>**

(ii) Report: CHOICE REPORT - "AND OTHER LONG TERM CARE HOME AND  
COMMUNITY BASED PROGRAMS"  
Authority: IC 12-10-10-11(a)  
Submitted To: GENERAL ASSEMBLY, CHOICE BOARD  
Due: ANNUALLY BEFORE OCTOBER 1 (Included as part of the Statewide IN-  
Home Services Annual Report)

(iii) Report: TITLE III MAINTENANCE OF EFFORT RE STATE EXPENDITURES  
Authority: 45 CFR 1321.49  
Submitted To: U.S. ADMINISTRATION ON AGING  
Due: ANNUALLY BY JULY

(iv) Report: TITLE III NATIONAL AGING PROGRAM INFORMATION SYSTEM  
REPORT (NAPIS)  
Authority: OAA 307(a)(6)  
Submitted To: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
(ADMINISTRATION ON AGING)  
Due: ANNUALLY BY NOVEMBER 30

(v) Report: GOVERNOR'S TASK FORCE ON ALZHEIMER'S DISEASE AND

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<sup>1</sup> **Changed 4/10/06**

RELATED SENILE DEMENTIA ANNUAL REPORT

Authority: IC 12-10-4-5

Submitted To: GENERAL ASSEMBLY

Due: ANNUALLY BY NOVEMBER 1(Included as part of the Statewide IN-Home Services Annual Report)

(vi) Report: TITLE V SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM ANNUAL PRE-APPLICATION FOR GRANT

Authority: 20 CFR Part 641.204

Submitted To: U.S. DEPARTMENT OF LABOR

Due: ANNUALLY BY APRIL (date depends on bulletin instructions from DOL)

(vii) Report: TITLE V SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM QUARTERLY PROGRESS REPORT

Authority: 29 CFR 97.40(b) or 29 CFR 95.51(b)

Submitted To: U.S. DEPARTMENT OF LABOR

Due: QUARTERLY (JANUARY 31, APRIL 30, JULY 31, OCTOBER 31)

(viii) Report: EQUITABLE DISTRIBUTION REPORT

Authority: 20 CFR Part 641.201(c), OAA 506(c) and (d)

Submitted To: U.S. DEPARTMENT OF LABOR

Due: ANNUALLY BY OCTOBER 1

(ix) Report: TITLE VII OMBUDSMAN STATISTICAL REPORT

Authority: OAA 712(h)

Submitted To: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (ADMINISTRATION ON AGING)

Due: ANNUALLY BETWEEN FEBRUARY 1 TO APRIL 1

(x) Report: ADULT PROTECTIVE SERVICES

Authority: IC 12-10-3-30

Submitted To: INDIANA LEGISLATURE GENERAL ASSEMBLY

Due: ANNUALLY BEFORE FEBRUARY 2

(xi) Report: ADULT GUARDIANSHIP SERVICES

Authority: IC 12-10-7

Submitted To: ANNUALLY TO **THE FSSA DIVISION OF AGING** FOR THE FSSA DA ANNUAL REPORT

Due: ACCORDING TO CURRENT SCHEDULES FOR THE **FSSA DA** ANNUAL REPORT

(xii) Report: MONEY MANAGEMENT<sup>1</sup>

Authority: MOU/ARTICLE IV, ITEM O

Submitted To: AARP

Due: SEMI-ANNUALLY AND ANNUALLY ON 1/31 AND 6/30

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<sup>1</sup> Deleted the word 'quarterly' on 4/10/06

(xiii) Report: OBRA PAS/PARR  
Authority: 42 USC 1396r (e)(7)(iv)  
Submitted To: CMS  
Due: MONTHLY TO ISDH AND EDS

(xiv) Report: FAMILY CAREGIVER SUPPORT PROGRAM  
Authority: OAA 371-376  
Submitted to: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (AoA)  
Due: QUARTERLY FROM AAAS AND DUE TO HSS ANNUALLY  
ON JANUARY 31

**Authority.**

Older Americans Act, Section 307  
Older Americans Act section 712  
Indiana Code, 12-10-10-11 (a)  
Indiana Code, 12-10-4-5  
Indiana Code, 12-10-7  
Indiana Code 12-10-3-30  
Code of Federal Regulations, 20 CFR 97.40  
Code of Federal Regulations, 45 CFR 1321.49  
Code of Federal regulations, 20 CFR 641.201(c)  
MOU/Article IV, Item O  
United States Code, Section 42 USC 1396.r (e) (7) (iv)

## **2038 TARGET POPULATIONS**

### **(a) Policy.**

(1) The FSSA DA shall assure that preference will be given to providing services to older adults with greatest economic need and older adults with social need with particular attention to low-income minority adults and older adults residing in rural areas and include proposed methods of carrying out the preference.

### **(b) Authority.**

Older Americans Act, Section 206(a)  
Older Americans Act, Section 305 (a)(2)(E)  
Older Americans Act, Section 306(a)(3)(A)  
Older Americans Act, Section 306 (a)(4)(B)  
Older Americans Act, Section 307 (a) (4)

### **(c) Procedure.**

(1) The **FSSA DA** shall assure that priority is given to serving those older adults with the greatest economic and social needs, with particular attention to low-income minority older adults and older adults living in rural areas. The **FSSA DA** will focus attention toward target populations through the following methods:

#### **(A) Organization**

The **FSSA DA** shall divide the state into distinct PSAs after consideration of the geographical distribution of older adults with the greatest economic and social needs, giving particular attention to low-income, minority older adults.

#### **(B) Administration**

The **FSSA DA** shall conduct annual evaluations of and public hearings on activities and projects carried out under the State Plan, including an evaluation of the effectiveness of the **FSSA DA** in reaching older adults with the greatest economic and social needs, giving particular attention to low-income minority older adults. In conducting such evaluations and public hearings, the **FSSA DA** shall solicit the views and experiences of entities that are knowledgeable about the needs and concerns of low income minority older adults.

#### **(C) Funding Formula**

The **FSSA DA** shall develop and implement an intrastate funding that assures that funds are available to target populations.

#### **(D) State Plan**

(i) The State Plan shall contain specific strategies for service delivery and systems enhancement for targeted populations.

(ii) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration, and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

**(5) Area Plan**

**(A) Section 2022 – Area Plan on Aging – FSSA DA Operations Manual**

**(6) Other Methods**

(A) The **FSSA DA** shall review area plans before approving them and will also monitor their implementation. The **FSSA DA** shall provide technical assistance and training as needed or requested.

(B) The AAAs will focus attention toward target populations using the following:

**(i) Funding Formula**

The AAA shall develop and implement an intra-area funding formula that addresses target populations.

**(ii) Advisory Council**

The AAA's advisory council shall meet at least quarterly. The AAA shall document any recommendations made by the advisory council concerning matters about the AAA's target populations and assure those recommendations are considered by the appropriate decision making persons.

**(iii) Other Methods**

Outreach services (Refer to Section 5123 - Outreach Services), the AAA shall place special emphasis on reaching older adults with the greatest economic or social needs, giving particular attention to low-income minority older adults and older adults who reside in rural areas.

**(7) Procedure Regarding CHOICE Service Funds**

(A) Each AAA shall use at least 20% of CHOICE service dollars for persons with disabilities under 60 years of age.

**Cross Reference.**

**Section 5007.4** - Allocation of Funds – FSSA DA Operations Manual

Section 5007.4.1 - Funding Formulas – FSSA DA Operations Manual

Section 4021- Outreach Services - FSSA DA Operations Manual

## **More Information can be found at:**

Code of Federal Regulations,  
1300 -1399

45 CFR 1321.13  
45 CFR 1321.17  
45 CFR 1321.19  
45 CFR 1321.21  
45 CFR.1321.23  
45 CFR 1321.27  
45 CFR 1321.29  
45 CFR 1321.35  
45 CFR 1321.53

United State Code  
42 USC 3021 to 3700 - Public Health and Welfare  
42 USC 3027(a) (2),  
42 USC 3012(a)(26)  
42 USC 3026(a) (1)

Indiana Code  
4-15-7-1(d)  
12-10-1-4 (4)

Older Americans Act of 1965, as amended in 2000  
Sections 305(a), 307(a), 705, 712(a)(5)(c)

Conflict of Interest' Section of the Contract Agreement

FSSA Policy and Procedures Manual AD1-20

Region V - Regional Memorandum  
ROM-81-73 Subject: State Plans Based on Area Plans

Community and Home Options to Institutional Care for the Elderly and Persons with Disabilities  
(CHOICE) – Guidelines and Procedures

Family and Social Services Administration Employee Orientation Manual

Governor's Commission on Home and Community Based Services Fact Book – April 24, 2003

Indiana Medicaid Home and Community-Based Waiver Services - A Guide for Consumers Third  
Edition, September, 2002

**FSSA Division of Aging** Operations Manual - Appendix 1 – State Plan Provisions

State Plan, Indiana, Fiscal Years 2004-2005

**Websites**

Administration on Aging – [www.aoa.gov](http://www.aoa.gov)

Access Indiana – [www. IN.GOV](http://www.IN.GOV)

Indiana Association for Area Agencies on Aging – [www.IAAAA.org](http://www.IAAAA.org)

Indiana Department of Administration - [www.in.gov/IDOA](http://www.in.gov/IDOA)

FSSA Website (Intranet)

For ordering hard copies of federal documents - GPO Access - [www.access.gpo.gov](http://www.access.gpo.gov)

## **SECTION 3**

### **3000 HEARINGS AND APPEALS PROCESS (INCLUDING WITHDRAWAL AND DE-DESIGNATION PROCEDURES OF AREA AGENCIES ON AGING AND PLANNING AND SERVICE AREAS)**

#### **Table of Contents**

##### **3000 PUBLIC HEARINGS**

- 3000.1 The **FSSA DA** Procedure Regarding Public Hearings
- 3000.2 Additional **FSSA DA** Actions that Require Public Hearings
- 3000.3 Appeal Process

##### **3001 The **FSSA DA** Policy and Procedure Regarding the Withdrawal of an AAA Designation**

- 3001.1 Reasons for Withdrawal of the Designation of an Area Agency on Aging (AAA)
- 3001.2 The **FSSA DA** Preparation for the Withdrawal of the Designation of an AAA
- 3001.3 Withdrawal of an AAA Designation
- 3001.4 Administrative Review
- 3001.5 Appeals to the Assistant Secretary of the Administration on Aging
- 3001.6 Continuity of the Functions of the AAA within the PSA

##### **3002 THE **FSSA DA** DESIGNATION OF AN ADDITIONAL PLANNING AND SERVICE AREA (PSA)**

- 3002.1 Appeal Procedure Regarding the Designation of an Additional PSA or Change or Revision of the Boundaries of an Existing PSA

##### **3003 The **FSSA DA** APPEALS PROCESS REGARDING AN ADVERSE ACTION OTHER THAN THE WITHDRAWAL OF THE DESIGNATION OF AN AAA OR THE ADDITION OR CHANGE OF THE BOUNDARIES OF A PSA**

- 3003.1 Step 1: Documentation
- 3003.2 Step 2: Informal Review with the **FSSA DA**
- 3003.3 Step 3: Public Hearing
- 3003.4 Step 4: Administrative Review

##### **3004 INVOLVEMENT OF AAAs, SERVICE PROVIDERS, OLDER ADULTS, AND PERSONS WITH DISABILITIES**

##### **3005 FSSA DA APPEALS CHART**

##### **3006 CLIENT/APPLICANT APPEALS**

- 3006.1 Notification of Client Rights
- 3006.2 Procedure for Providing Written Notice of Client Rights

### 3006.3 FSSA DA Procedure Regarding Appeals and Hearings<sup>1</sup>

#### 3007 THE **FSSA DA** APPEAL POLICY AND PROCEDURE FOR CLIENTS/APPLICANTS APPLYING FOR OR RECEIVING SERVICES FOR SSBG, CHOICE, AND TITLE III (EXCLUDING IPAS AND PASRR)

3007.1 Step 1: Informal Review with the Case Manager, the Case Manager Supervisor, and/or an Appropriate Representative

3007.2 Step 2: Agency Review

3007.3 Step 3: Administrative Hearing

3007.4 Assistance Available to a Client/Applicant during the Appeal Process

3007.5 Requests for Reconsideration and Appeal of Adverse Action

#### 3008 RIGHTS OF CLIENTS/APPLICANTS APPLYING FOR OR RECEIVING IPAS OR PASRR

3008.1 Process to Request Reconsideration of an Adverse Action

3008.2 Appeal Procedure for Clients/Applicants Applying For or Receiving IPAS or PASRR Services

3008.3 Appeal Procedure for Title III Service Providers

3008.4 Appeal Process for Service Providers

3008.4.1 Step 1: Informal Review with the AAA

3008.4.2 Step 2: Agency Review

3008.4.3 Step 3: Appeal Hearings at the State Level

#### **CHART 4 Older Americans Act, Section 305**

#### **CHART 5 FSSA DA Appeals Chart**

#### **CHART 6 Client /Applicant Appeals**

#### **CHART 7 AAA Appeals Process**

For appeal process for individuals applying for or receiving services funded by the Medicaid Home and Community-Based Waiver Program, please refer to the appropriate Medicaid Waiver document.

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<sup>1</sup> Added 5/13/05

### **3000 PUBLIC HEARINGS**

(a) The **FSSA DA** will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State, including evaluations of the effectiveness of services provided to older adults with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas.<sup>1</sup>

(b) The FSSA DA shall;

(1) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting an area plan or any provider of (or applicant to provide) services;

(2) issue guidelines applicable to grievance procedures required by United States Code, Section 3026(a)(10); and

(3) shall take place as part of an action or proceeding or to solicit the views of older adults when making evaluations of services or programs.<sup>2</sup>

#### **3000.1 THE **FSSA DA** PROCEDURE REGARDING PUBLIC HEARINGS**

(a) The **FSSA DA** will conduct evaluations of and public hearings on activities and projects carried out under the State Plan, including an evaluation of the effectiveness of the **FSSA DA** in reaching older adults with the greatest economic need and older adults with the greatest social need, with particular attention to low-income minority older adults.

(b) The AAA shall conduct periodic evaluations of and public hearings on activities carried out under the area plan, as well as an annual evaluation of the effectiveness of outreach efforts that identify older adults and persons with disabilities who are eligible for services.

(c) In conducting such evaluations and public hearings, the **FSSA DA** shall solicit the views and experiences of entities that are knowledgeable about the needs and concerns of low-income older adults.

#### **3000.2 ADDITIONAL **FSSA DA** ACTIONS THAT REQUIRE PUBLIC HEARINGS**

(a) The FSSA DA shall also conduct public hearings:

(1) as part of an action or proceeding:

(A) to revoke the designation of an AAA;

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<sup>1</sup> Older Americans Act, Section 305(b)(5)(C)

<sup>2</sup> Code of Federal Regulations, 45 CFR 1321.61(a)(2)

- (B) to designate an additional PSA in the state;
- (C) to divide the state into different PSAs;
- (D) to otherwise affect the boundaries of the PSAs in the state; or
- (E) to deny an application to become a PSA.
- (F) if the **FSSA DA** finds that an AAA has failed to comply with federal or state laws, including the area-plan requirements, regulations, or policies, and the **FSSA DA** decides it may withhold a portion of Title III funds to the AAA; or
- (G) to obtain the views of older adults, AAAs, recipients of grants under Title VI, and other interested persons and entities (along with other means) regarding programs carried out under Title VII -Allotment for Vulnerable Rights Protection Activities.

(2) Each AAA shall have and implement the following:

- (A) Hearings for needs assessments prior to submitting its area plan to the **FSSA DA** for review and
- (B) area-wide public hearings on the area plan prior to an area plan review.

(3) The AAA shall seek the advice of the AAA advisory council on aging relative to conducting a public hearing.

(4) Each AAA shall give adequate notice to older adults, public officials, and other interested parties of the times, dates, and locations of the public hearings.

(5) Each AAA shall hold a public hearing at a time and location that permits older adults, public officials, and other interested parties reasonable opportunity to participate. The facility must be accessible to persons with disabilities.

(6) Notice of a public hearing should be given in major newspapers having wide distribution within the area thirty days prior to the holding of the public hearing. In addition, copies of preplan materials will be available for general distribution at the time of the public hearing announcement or shortly thereafter. The public notice should indicate where and when to obtain the preplan materials.

(7) At the area plan public hearings, the AAA shall present in both oral and written form pertinent information regarding the services it plans to provide directly and furnish interested parties with an opportunity to testify.

(8) The manner in which an AAA presents this information to interested parties is open to the AAA's discretion, as long as the area plan information is presented in a readable form with adequate information provided to support an understanding

of the agency's intentions and their implications for older adults and persons with disabilities living in the area. No format is prescribed for these purposes; however, all information requirements for area-plan submission to the state agency must be included in the distributed materials.

(9) Information that must be available to the public as a supplement to the area plan shall include the following:

(A) a profile of the conditions of older adults in the area and their need for services. The profile should be more comprehensive than that provided in the area plan and in a form more suitable for public consumption.

(B) a prioritization of the major issues facing older adults in the area and a discussion of constraints and opportunities for problem resolution.

(C) a general summary of the proposed plan, a description of the process used in plan development, and the process the agency plans to use for refining the plan in the future.

(D) a general summary and description of the AAA's specific objectives for providing services to older adults with greatest economic need and older adults with greatest social need, including specific objectives for providing services to low-income minority older adults residing in the AAA's PSA.

(E) a general description of how service providers in the area are organized to respond to the needs of older people, with particular attention given to OAA programs.

(F) the identification of the area advisory council on aging membership by name, affiliation, and county accompanied by a definition of the council's roles, responsibilities, authorities, and the methods used in membership selection.

(G) the identification of agency board membership and the county of each member's residence.

### **3000.3 APPEAL PROCESS**

The **FSSA Division of Aging (FSSA DA)** shall provide an appeal process for Area Agencies on Aging (AAAs) or other affected parties if the **FSSA DA** initiates an action or preceding that would result in the following-

(1) withdrawal of the designation of an AAA;

(2) designation of an additional planning and service area (PSA) or division of the state into different PSAs or changes in the boundaries of a PSA;<sup>1</sup> or

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<sup>1</sup> Older Americans Act, Section 305 (b)(1)(4)(5)(C)(I)(II)(III)(IV)  
**FSSA DIVISION OF AGING** Operations Manual  
Revised 4/10/06

(3) actions that would adversely affect an AAA or affected parties, other than those listed in items (1) and (2).

### **3001 THE FSSA DA POLICY AND PROCEDURE REGARDING THE WITHDRAWAL OF AN AAA DESIGNATION**

#### **CHART 4**

**Older Americans Act, Section 305(b)(5)(C)(i)(I)** The State agency shall establish and follow appropriate procedures to provide due process... if the state agency initiates an action or proceeding to revoke the designation of the Area Agency on Aging.

The **FSSA DA** shall continue to recognize the designation of the current sixteen AAA's in Indiana unless the **FSSA DA** finds reason to initiate withdrawal procedures for the designation of any existing AAAs.

#### **3001.1 REASONS FOR WITHDRAWAL OF THE DESIGNATION OF AN AREA AGENCY ON AGING (AAA)**

The **FSSA DA** shall withdraw the AAA designation, if after reasonable notice and opportunity for a hearing, there is a finding concerning any of the following;

- (1) an AAA does not meet the requirements of the OAA.
- (2) an AAA area plan or plan amendment is not approved.
- (3) there is substantial failure in the provisions or administration of an approved area plan to comply with any provision of the OAA or of any policies or procedures established and published by the **FSSA DA**.
- (4) activities of the AAA are inconsistent with the statutory mission prescribed in the OAA requirements or are in conflict with the requirement of the OAA that the designated AAA function only as an Area Agency on Aging.<sup>1</sup>
- (5) the designated AAA voluntarily relinquishes designation.

#### **3001.2 THE FSSA DA PREPARATION FOR THE WITHDRAWAL OF THE DESIGNATION OF AN AAA**

Prior to withdrawing the designation of an AAA, the **FSSA DA** shall conduct the following activities:

- (1) provide written notification of the proposed action affecting the AAA. The written notification shall summarize the basis for the action or decision and shall contain the following:

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<sup>1</sup> Code of Federal Regulations, 45 CFR 1321.35(a) (4)

- (A) the effective date of withdrawal of the designation of the AAA;
  - (B) an explanation of all reasons and causes for the withdrawal of the designation of the AAA; and
  - (C) a provision that explains policy and procedures for an appeal of the decision to the assistant secretary of the Administration on Aging (AoA).
- (2) Mail the notice and all other appropriate documents pertaining to the action to withdraw the designation of an AAA by means of the United State Postal Service, using the [www.usps.com](http://www.usps.com) tracking and confirmation option, to provide signature confirmation via fax. Correspondence should be addressed and mailed to the appropriate AAA Director and to the Chairman of the AAA's governing board, at least 90 days before the effective date of the decision to withdraw the designation of an AAA.
- (3) Notify the appropriate **FSSA** and the **FSSA DA** staff, at least 90 days before the effective date of the decision to withdraw the designation of the AAA.
- (4) Conduct a public hearing on the proposed decision, at least 30 days before the effective date of the withdrawal of the designation of an AAA. (See Section 3000 - *Public Hearings* – 3000)
- (5) Invite representatives of the affected AAAs, Title III and Title VII service providers, and older adults residing in the PSA or who are affected by the decision to attend and participate in the public hearing.
- (6) Request written comments from the affected AAAs, Title III, Title V and Title VII service providers, and older adults, residing in the affected PSA.
- (7) Notify the affected AAA, in writing, of the decision, after the public hearing and at least eighteen days<sup>1</sup> before the effective date of the withdrawal of designation of the AAA. Mail a notification of the decision to the affected AAA by means of the United States Postal Service, using [www.usps.com](http://www.usps.com) the tracking and confirmation option to provide signature confirmation, via fax.
- (8) The original notification shall contain the address of the AAA's central location and shall be sent to the Director of the AAA and a copy of the notification shall be sent to the Chairman of the AAA's governing board.<sup>2</sup>

### **3001.3 WITHDRAWAL OF AN AAA DESIGNATION**

If the **FSSA DA** withdraws an AAA designation it shall take the following action:

- (1) The **FSSA DA** shall notify the Assistant Secretary for the Administration on Aging (AoA), Department of Health and Human Services, and all appropriate

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<sup>1</sup> Indiana Administrative Code, 4-21.5

<sup>2</sup> Older Americans Act, Section 305 (b)(5)(C) (ii) (II) (III) (IV) (V)

persons and entities of the action taken.

(2) The notification to the Assistant Secretary shall be sent by certified mail, return receipt requested, registered mail, or overnight delivery, unless another method is approved or requested by the AoA.

(3) If the **FSSA DA** withdraws the designation of an AAA, the **FSSA DA** shall provide a written plan for the continuity of services in the affected PSA and will do the following:

(A) discontinue reimbursement to the affected AAA;

(B) notify service providers to submit requests for reimbursements to the **FSSA DA** or a designated interim contractor;

(C) place a legal notice or an advertisement in a newspaper of statewide circulation advising that claims against the affected AAA related to the OAA programs administered through the contract, shall be referred to the **FSSA DA** or a designated interim contractor

(D) designate a new AAA for the affected PSA, in a timely manner;

(E) allow the affected AAA a chance to appeal the decision of the **FSSA DA**, to the assistant secretary of the AoA;<sup>1</sup> and

(F) perform the responsibilities of the AAA or assign the responsibilities of the AAA to another agency within the PSA, for up to 180 days after the final decision to withdraw designation of an AAA, unless the **FSSA DA** has received an extension period from the AoA.

#### **3001.4 ADMINISTRATIVE REVIEW**

(a) If an AAA is dissatisfied with the decision received after the Public Hearing, the AAA may appeal the decision by requesting an administrative review. The AAA shall make the request for an administrative review in writing to the Director of **FSSA DA** within eighteen days of the date of the decision sent after the public hearing. The request shall include a statement regarding the issues the AAA wishes reviewed and shall be signed and dated by the AAA Director.

(b) The request for an Administrative Review shall be sent from the **FSSA DA**, to the Director of **DDRS** within eighteen days from the date of receipt. The Administrative Review shall be conducted by an Administrative Law Judge (ALJ) or hearing officer appointed by the **DDRS** director. The Administrative Review will be conducted in accordance with Indiana Code 4-21.5.4.

(c) Payment for the cost of a hearing shall be considered an allowable expense for the AAA under OMB A-87 and A-122. The cost must be reasonable and shall be paid from

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<sup>1</sup> Code of Federal Regulations, 45 CFR 1321.35 (a)

the AAA's 10% allowable administrative expenses. The AAA may retain an attorney with the exception that the cost of the attorney is paid by funds earmarked for administrative costs.

(d) The AAA shall not recoup the administrative review, appeal hearing or attorney expenses under funding allocated for program development and coordinated activities. The AAA shall not use Title III-B, III-C, or III-D funds for hearing expenses or attorney fees.

### **3001.5 APPEALS TO THE ASSISTANT SECRETARY OF THE ADMINISTRATION ON AGING (AoA)**

(a) The **FSSA DA** shall allow for an appeal to the Assistant Secretary of the Administration on Aging (AoA), of an action concerning the withdrawal of the designation of an AAA, designation of a new PSA, division of Indiana into different PSAs or changes in the boundaries of any PSA, as listed in Section 3002.1 of this document, if the appeal is made on the basis of the following:

- (1) the facts and merits of the matter that is the subject of the action or proceeding; or
- (2) procedural grounds.<sup>1</sup>

(b) Procedures completed for an appeal to the assistant secretary of the AoA include the following:

- (1) the **FSSA DA** shall notify the AAA and all other affected parties and entities of the right to appeal to the assistant secretary in all written notices of the proposed action;
- (2) the **FSSA DA** shall accept and process all written appeal requests from the affected AAA or appropriate parties, within thirty days of the effective date of the action to withdraw the designation of the AAA;
- (3) the written request for an appeal must contain the following-
  - (A) the decision for which the appeal is being made;
  - (B) legal name, address and telephone number of the appellant(s); and
  - (C) documented information regarding how the action will affect the appellant.
- (4) The written request shall be addressed to the Director of the **DDRS**.
- (5) The **FSSA DA** shall forward appeal requests and all supporting

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<sup>1</sup> Older Americans Act, 305 (b)(5)(C) (iii)(I) and (II)

documentation to the assistant secretary of the AoA within 18 days of receipt.

(6) If the assistant secretary sets aside a decision of the **FSSA DA** to revoke the designation of an AAA, the **FSSA DA** shall nullify the revocation.<sup>1</sup>

### **3001.6 CONTINUITY OF THE FUNCTIONS OF THE AAA WITHIN THE PSA**

(a) If an AAA's designation has been withdrawn, and it is necessary to ensure continuity of the services in a PSA, the **FSSA DA** may, for a period of 180 days after it has given final notice of withdrawal of the designation, perform the responsibilities of the AAA or assign the responsibilities of the AAA to another appropriate agency within the PSA.<sup>2</sup>

(b) The assistant secretary of the AoA may extend the 180-day period for the **FSSA DA** to perform the duties of an AAA, for the affected PSA, if the **FSSA DA** does the following;

- (1) notifies the assistant secretary of the AoA in writing of its action; and
- (2) requests an extension and demonstrates to the satisfaction of the assistant secretary of the AoA, a need for the extension.<sup>3</sup>

### **3002 THE FSSA DA DESIGNATION OF AN ADDITIONAL PLANNING AND SERVICE AREA (PSA)**

(a) The **FSSA DA** shall recognize the designation of the current PSAs and their current boundaries, in Indiana unless the **FSSA DA** finds reason to initiate designation of an additional PSA or needs to make changes in the boundaries of a PSA, for any reason.

(b) In determining an additional PSA or revising or otherwise affecting the boundaries of a PSA, the **FSSA DA** shall consider the following-

- (1) the geographical distribution of older adults in Indiana;
- (2) the incidence of the need for supportive services, nutrition services, multi-purpose senior centers, and legal assistance;
- (3) the distribution of older adults who have the greatest economic need, with particular attention to low income minority older adults and older adults residing in rural areas in the service area;
- (4) the distribution of older adults who have the greatest social need, with particular attention to low income older adults, and older adults residing in rural areas in the service area;

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<sup>1</sup> Older Americans Act, 305 (b)(5)(C)(iv)

<sup>2</sup> Code of Federal Regulations, 45 CFR 1321.35 (c)(2)

<sup>3</sup> Code of Federal Regulations, 45 CFR 1321.35 (d)

- (5) the distribution of older adults who are American Indians residing in the service area;
- (6) the distribution of resources available to provide such services or centers;
- (7) the boundaries of existing areas within the state which are drawn for the PSA of supportive services programs;
- (8) the location of general purpose local government within Indiana; and
- (9) any other relevant factors.

(c) The **FSSA DA** may designate as a PSA the following;

- (1) any unit of general purpose local government which has a population of 100,000 or more;<sup>1</sup> **(The Older Americans Act guidelines also include Indian Reservations as entities entitled to make application for PSA designation. Currently, Indiana contains no Indian Reservations.)**
- (2) any region within Indiana recognized for purposes of area wide planning which includes one or more such units of general purpose local government when the **FSSA DA** determines that the designation of such regional PSA is necessary and enhances the effective administration of programs authorized under Title III of the OAA;
- (3) areas which were designated for the planning or administration of supportive services programs; or
- (4) the **FSSA DA** may include in any designated PSAs such additional areas to the unit of general purpose local government or region so designated as the state agency determines to be necessary and enhances the effective administration of programs authorized under Title III of the OAA.

### **3002.1 APPEAL PROCEDURE REGARDING THE DESIGNATION OF AN ADDITIONAL PSA OR CHANGE OR REVISION OF THE BOUNDARIES OF AN EXISTING PSA**

- (a) The **FSSA DA** shall provide written notice of the proposed action or proceeding affecting PSA boundaries to existing PSAs and to any other affected parties. Such notification includes clear documentation of the need for the proposed action.
- (b) The **FSSA DA** shall conduct a public hearing on the proposed action or proceeding.
- (c) The **FSSA DA** shall invite the participation of the affected AAA, Title III service providers and older adults to the public hearing.
- (d) The **FSSA DA** shall request written comments from the affected AAAs, Title III

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<sup>1</sup> Older Americans Act, Section 305(b)(1)

service providers and older adults.

(e) The **FSSA DA** shall provide an opportunity for appeal to any applicant denied PSA designation after the public hearing who submits a written request for an appeal hearing, within 30 days of the notice of denial of designation. The appeal procedures shall include a process to appeal the decision to the assistant secretary of the AoA, if the applicant follows the **FSSA DA** prescribed procedures for requesting an appeal.

### **3003 THE **FSSA DA** APPEALS PROCESS REGARDING AN ADVERSE ACTION OTHER THAN THE WITHDRAWAL OF THE DESIGNATION OF AN AAA OR THE ADDITION OR CHANGE OF THE BOUNDARIES OF A PSA**

#### **3003.1 STEP 1: DOCUMENTATION**

The **FSSA DA** may use the following documentation to verify the need to initiate an adverse action or proceeding, other than the withdrawal of a designation of an AAA or a PSA:

- (1) The AAA plan and/or amendments;
- (2) Service agreements between area agencies and service providers;
- (3) Population demographics including but not limited to economic and social data;
- (4) Memorandums and letters;
- (5) Monitoring and assessment reports; and
- (6) Any other documentation that specifically corroborates the **FSSA DA** reasons for taking such action or proceeding.

#### **3003.2 STEP 2: INFORMAL REVIEW WITH THE **FSSA DA****

(a) The AAA must first discuss any questions, concerns, or problems regarding an adverse action with a representative of the **FSSA DA**. This informal review will take place at the offices of the **FSSA DA**. Within eighteen days of the date of the informal meeting, the **FSSA DA** representative must notify the AAA in writing of the decision reached on the issues raised at the informal review. The **FSSA DA** representative must also inform the AAA that an appeal of the decision made at the informal review may be completed by submitting a written appeal request to the Director of the **FSSA DA**.

(b) The **FSSA DA** shall provide a written notice of action or proceeding to the affected AAA's executive director, the AAA's service providers, and any other appropriate persons or organizations, by certified mail at least thirty days in advance of the effective date of the action or proceeding. The process for requesting an appeal of the decision shall be included in the written notice of action.

### **3003.3 STEP 3: PUBLIC HEARING**

If the **FSSA DA** initiates an action, the **FSSA DA** shall provide an opportunity for a public hearing, if requested by an AAA or any other entity directly affected. See *Section 3000* for more information regarding a Public Hearing.

### **3003.4 STEP 4: ADMINISTRATIVE REVIEW**

(a) If an AAA is dissatisfied with the decision received after the public hearing, the AAA may appeal the decision by requesting an administrative review. The AAA shall make the request for an administrative review in writing to the Director of the **FSSA DA** within eighteen days of the date of the decision sent after the public hearing. The Administrative Review will be conducted in accordance with Indiana Code 4-21.5.4.

(b) The request for an Administrative Review shall be sent from the **FSSA DA**, to the Director of **DDRS**. The Administrative Review shall be conducted by an Administrative Law Judge (ALJ) or hearing officer appointed by the **DDRS** director.

(c) Payment for the cost of a hearing shall be considered an allowable expense for the AAA under OMB A-87 and A-122. The cost must be reasonable and shall be paid from the AAA's 10% allowable administrative expenses. The AAA may retain an attorney with the exception that the cost of the attorney is paid by funds earmarked for administrative costs. (See 4001.5 for more information)

(d) The AAA shall not recoup the appeal hearing or attorney expenses under funding allocated for program development and coordinated activities. The AAA shall not use Title III-B, III-C, or III-D funds for hearing expenses or attorney fees.

### **3004 INVOLVEMENT OF AAAs, SERVICE PROVIDERS, OLDER ADULTS, AND PERSONS WITH DISABILITIES**

The **FSSA DA** shall involve the AAA, service providers, older adults, and persons with disabilities in the appeal process by;

- (1) providing the AAA with an opportunity for a public hearing at a location accessible to older adults, persons with disabilities, and service providers;
- (2) publishing the notice of a public hearing in a newspaper of statewide circulation, and providing access to the content of materials prior to the hearing; and
- (3) making the written decision and/or summary of the results of the public hearing available for copying to service providers or other interested parties or persons upon their request.

## 3005 FSSA DA APPEALS CHART

### CHART 5

Indiana Code 4-21.5

Older Americans Act, OAA Section 305(b)(5)(C)(i)

<b>Withdrawal of the Designation of an AAA</b>	<b>Designation of an Additional PSA</b>	<b>Division of or Changes in the Boundaries of a PSA</b>	<b>Denial of an Application to become a PSA</b>	<b>Other Adverse Actions Affecting an AAA</b>
1. Document the need for the action. Send written notification of plans to withdraw the AAA designation, to the affected AAA, AoA and <b>DDRS</b> .	1. Document the need for the action. Send written notification of the action to designate an additional PSA, to an affected AAA or other appropriate entity, AoA and <b>DDRS</b> .	1. Document the need for the action. Send written notification of the action to designate an additional PSA, to the affected AAA, or other appropriate entity, the AoA and <b>DDRS</b> .	1. Document the reason for denial. Send written notification of the denial of the application for designation of a PSA, to <b>DDRS</b> and the affected entities. Include notice of public hearing option.	1. Document the need for the action. Send written notification of the adverse action to the AAA or appropriate entity.
2. Hold a Public Hearing inviting representatives of the affected AAA, Title III and Title VII providers, and older adults. Issue the final decision on the proposed action.	2. Hold a Public Hearing inviting representatives of the affected entity, and older adults. Issue the final decision on the proposed action.	2. Hold a Public Hearing inviting representatives of the affected entity and older adults. Issue the final decision on the proposed action.	2. If requested by an affected entity, hold a Public Hearing inviting appropriate entities, individuals, and older adults. Issue the final decision on the proposed action.	2. Hold an Informal Review with the AAA and/or the affected entity. Issue the final decision on the proposed action.
3. If requested by the affected AAA, <b>DDRS</b> will hold an Administrative Review with an Administrative Law Judge (ALJ) assigned by the <b>DDRS</b> Director.	3. If requested by an affected entity, <b>DDRS</b> will hold an Administrative Review with an Administrative Law Judge (ALJ) assigned by the <b>DDRS</b> Director.	3. If requested by an affected entity, <b>DDRS</b> will hold an Administrative Review with an Administrative Law Judge (ALJ) assigned by the <b>DDRS</b> Director.	3. Formally send notice to appropriate entities including the process for an appeal of the decision to the AoA.	3. If requested by an affected entity, hold a Public Hearing inviting representatives of the affected AAA, and other appropriate entities.
4. Send formal notice to the affected AAA explaining the appeal process for an appeal of the decision to the AoA.	4. Send formal notice to appropriate entities outlining appeal process for an appeal of the decision to the AoA.	4. Send formal notice to appropriate entities outlining appeal process for an appeal of the decision to the AoA.		4. If requested by AAA, an Administrative Review with an Administrative Law Judge (ALJ), assigned by the <b>DDRS</b> Director.

## **3006 CLIENT/APPLICANT APPEALS**

### **CHART 6 – RIGHTS FOR FRAIL OLDER INDIVIDUALS**

#### **Older Americans Act, Section 314 (2) Rights Relating to In-Home Services for Frail Older Individuals**

The Assistant Secretary shall require entities that provide in-home services under this title to promote the rights of each older individual who receives such services. Such rights include the following....

(2) The right to voice a grievance with respect to such service that is or fails to be so provided, without discrimination or reprisal as a result of voicing such grievance.

### **3006.1 NOTIFICATION OF CLIENT RIGHTS**

All Title III, SSBG and CHOICE applicants and clients must be notified, in writing, of their rights to appeal decisions. The explanation of appeal rights shall be provided to each older adult or person with disabilities, in a manner that is easy to understand.

### **3006.2 PROCEDURE FOR PROVIDING WRITTEN NOTICE OF CLIENT RIGHTS**

- (a) Written notice of client rights shall contain language found in Appendix III. The preferred format is also found in Appendix III.
- (b) The Area Agency on Aging's name and address should be included on the written notice. The written notice can be printed on the Area Agency's letterhead if the letterhead includes the Area Agency's name and address.
- (c) The font size used for the written notice of client rights shall be at 12 point or larger.
- (d) Ink color for the written notice of client rights shall always be black.
- (e) Paper color must be white.<sup>1</sup>

### **3006.3 FSSA DA PROCEDURE REGARDING APPEALS AND HEARINGS**

- (a) If an appeal request comes to any **FSSA DA** staff person, other than the Director, the staff person should immediately notify the **FSSA DA** Director and/or the appropriate **FSSA** legal staff person.<sup>2</sup>

### **3007 FSSA DA APPEAL POLICY AND PROCEDURE FOR CLIENTS/APPLICANTS APPLYING FOR OR RECEIVING SERVICES FOR SSBG, CHOICE AND TITLE III (EXCLUDING IPAS, PASRR)**

- (a) A client/applicant has the right to appeal decisions regarding eligibility and services. In the case of a client/applicant who lacks the capacity to make a knowing and informed decision regarding the client/applicant's own care, the client/applicant's representative may appear on the client/applicant's behalf throughout the appeals process.

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<sup>1</sup> Added 5/13/05

<sup>2</sup> Added 5/13/05

(b) Policy decisions or decisions of general applicability regarding services, including a decision by an AAA to suspend taking applications, are not subject to appeal.

(c) The AAA case manager is responsible for answering questions and attempting to resolve any problems or complaints before the client/applicant resorts to the appeals process. To create a complete record for appeal, the case manager is also responsible for documenting in the case file, all dates, verifying documentation, and written descriptions of complaints and actions taken.

### **3007.1 STEP 1: INFORMAL REVIEW WITH THE CASE MANAGER, THE CASE MANAGER SUPERVISOR, AND/OR AN APPROPRIATE REPRESENTATIVE**

(a) The case manager's supervisor shall conduct an Informal Review with the client/applicant, the client/applicant's representative (if one is selected) and the client/applicant's case manager to first discuss any questions, concerns, or problems regarding services.

(b) This informal meeting may take place either at the AAA or at the client/applicant's home or at a mutually acceptable location

(c) Within 5 days of the date of the informal meeting, the case manager supervisor shall inform the client/applicant in writing:

(1) of the decision reached on the issues raised at the meeting; and

(2) that the client/applicant may request in writing, an agency review to the AAA's executive director or designee within eighteen days of the date of the decision.

### **3007.2 STEP 2: AGENCY REVIEW**

(a) The AAA review process begins when a client/applicant, within eighteen days of the date of the decision, requests an agency review, following Step One. The AAA director or designee will conduct the Agency Review. The client/applicant, the client/applicant's representative (if one is selected), and the case manager or the case manager's supervisor shall attend the review. The Agency Review may take place at either the AAA or at the client/applicant's home or at a mutually acceptable location.

(b) The client/applicant will be given the opportunity to testify, present supporting materials, explain the client/applicant's reasons for disagreement with the action or decision, and present an appropriate alternative. The case manager or the case manager supervisor may testify and explain the reasons for the decision or action taken.

(c) Following the review, the executive director or the designee conducting the review shall consider the comments of the client/applicant, the client/applicant's representative or the client/applicant's advocate (if any), and the case manager, or the case manager's supervisor.

(d) Within five days, the AAA's executive director or designee shall prepare the AAA's

final decision in writing that will include findings of fact and the specific reason for the decision. The decision shall inform the client/applicant of the client/applicant's right to have an administrative hearing under Step 3 if the client/applicant is dissatisfied with the AAA's final decision.

The client/applicant and advocate, if any, shall each be sent a copy of the decision by registered or certified mail, return receipt requested.

### **3007.3 STEP 3: ADMINISTRATIVE HEARING**

(a) If a client/applicant is dissatisfied with the decision reached at the agency review, the client/applicant may appeal the decision by requesting an administrative hearing. The client/applicant or the client/applicant's representative shall make the request for an administrative hearing in writing to the Director of the **FSSA DA** within 18 days of the date of the decision from the agency review. The request shall include a statement regarding the issues the client/applicant wishes reviewed and shall be signed and dated.

(b) Administrative hearings shall be conducted by an Administrative Law Judge (ALJ) or hearing officer appointed by the **DDRS** director. The ALJ shall, at least 5 days in advance of the hearing, notify all involved persons by registered or certified mail, return receipt requested, of the date, time, and location of the hearing. The AAA shall forward all written case documentation to the Administrative Law Judge prior to the hearing. The hearing will be conducted in accordance with Indiana Code 4-21.5.4.

(c) Testimony will be taken under oath or affirmation, and the proceedings will be tape recorded. The client/applicant, the client/applicant's advocate, any other witnesses that a party chooses to present, and the case manager or the case manager supervisor will each be given an opportunity to place written material into evidence, present additional written or oral statements, and ask questions of any party. If the client/applicant wishes to have a transcript of the hearing, **DDRS** will transcribe the tape at the client/applicant's expense.

(d) **DDRS** may waive this cost in exceptional circumstances. Immediately following the hearing but not later than 5 days, the Administrative Law Judge shall prepare the proposed decision that will include a report of the findings of fact and the reasons for the decision based on those findings of fact. This proposed decision shall be forwarded to the **DDRS** director.

(e) A copy of the proposed decision shall be sent to the AAA, the client/applicant, and the client/applicant's advocate, if any, by registered or certified mail, return receipt requested. The **DDRS** director shall affirm, modify, or dissolve the Administrative Law Judge's proposed decision. The AAA, the client/applicant, and the client/applicant's advocate shall be notified of the director's final order by registered or certified mail, return receipt requested.

(f) If a client/applicant appeals a decision that terminates any service that is already being provided, the service in question may continue until the appeal is resolved. However, services that would be harmful to the client/applicant or which violate state or federal law or regulations and internal policies of **DDRS** or the **FSSA DA**, will not be

continued during the appeal process.

#### **3007.4 ASSISTANCE AVAILABLE TO A CLIENT/APPLICANT DURING THE APPEAL PROCESS**

(a) A client/applicant may bring to the informal review, agency review, and administrative hearing, any person the client/applicant wishes to be present, including legal counsel.

**FSSA DA** shall not pay for legal counsel or for any other expenses incurred for a client/applicant during the Informal Review, Agency Review, the Administrative Hearing or any part of the appeal process.

(b) Upon request, interpreter services will be made available to assist the deaf or Non-English speaking persons, and reader services will be made available to assist the visually impaired. However, if the client/applicant requires these services for participation in the agency review or administrative hearing, the client/applicant shall discuss the arrangements with the case manager in enough time for the case manager to make the appropriate arrangements, before the scheduled AAA review. The AAA shall make every effort to provide these assistive services to the client/applicant.

#### **3007.5 REQUESTS FOR RECONSIDERATION AND APPEAL OF ADVERSE ACTION**

At any time during Step 1, Step 2 and Step 3, the request for reconsideration of an appeal of an adverse action may be made, by the client/applicant, in writing at the same time. If the reconsideration decision reverses the initial finding, the appeal request should be canceled. If the original determination is upheld, the client/applicant will decide whether to continue with the appeal request.

### **3008 RIGHTS OF CLIENTS/APPLICANTS APPLYING FOR OR RECEIVING IPAS OR PASRR**

(a) A client/applicant has the right to appeal and request a fair hearing in accordance with the Medicaid Fair Hearing Process when the client/applicant disagrees with an IPAS and/or a PASRR finding (e.g., when placement in a nursing facility is determined to be inappropriate or the Medicaid per diem reimbursement is denied as a result of the IPAS/PASRR program).

(b) During the course of an appeal, a client/applicant has the right to request a reconsideration of an adverse decision if there is additional documentation pertinent to the reason for denial which was not initially presented.

#### **3008.1 PROCESS TO REQUEST RECONSIDERATION OF AN ADVERSE ACTION**

(a) For Pre-Admission Screening (PAS), the reconsideration request and submission of additional documentation is presented through the Indiana Pre-Admission Screening agency. The Indiana Pre-Admission Screening agency will resubmit the entire PAS case record to the state, enclosing and identifying the new documentation. The case record should be clearly marked as a "Request for PAS Determination Reconsideration."

(b) For Pre-Admission Screening Resident Review (PASRR), a similar process is followed. For Resident Review, the request and additional documentation is submitted via the local Community Mental Health Center.

#### **3008.2 APPEAL PROCEDURE FOR CLIENTS/APPLICANTS APPLYING FOR OR RECEIVING IPAS OR PASRR SERVICES**

(a) If the client/applicant wishes to appeal, a letter must be sent with the client/applicant's signature to:

Indiana Family and Social Services Administration  
Division of Family and Children  
Hearings and Appeals  
402 West Washington Street  
Room W-392  
Indianapolis, Indiana  
46204

(b) The letter must contain the client/applicant's address and telephone number. A copy of the decision or a written statement explaining the decision should be attached to the letter. If the client/applicant is unable to write the letter, the client/applicant may have someone assist in the request for an appeal.

(c) The client/applicant will be notified in writing by the Hearings and Appeals Office, of the date, time and place of the hearing. Prior to, or at the hearing, the client/applicant will have the right to examine the entire contents of the case record at the PAS agency.

(d) The client/applicant may represent themselves at the hearing or authorize a representative such as an attorney, a relative, a friend, or other spokesperson to do so. At the hearing, the client/applicant will have full opportunity to bring witnesses, establish all pertinent facts, and circumstances, advance any arguments without interference, and question or refute any testimony or evidence presented.

(e) For additional information regarding rights for clients/applicants applying for or receiving IPAS services or PASRR services, refer to state form 707 (R4/4-94)/form 4B.

### **3008.3 APPEAL PROCEDURE FOR TITLE III SERVICE PROVIDERS**

(a) The AAA shall grant an opportunity for appeal to grantee or contractor when Older Americans Act funds are withdrawn or when a grant or contract is suspended or terminated prior to the end of an approved budget year.

(b) Each AAA shall have and implement written appeal Procedures to resolve disputes with service providers. Written appeal Procedures should be included in all service provider contracts with the AAA, by January, 2006.

(c) Written appeal Procedures shall include the following:

(1) Notification of the appeal process included when the AAA takes adverse action against a service provider.

(2) Complete information regarding Procedures for appeals at the state level.

### **3008.4 APPEAL PROCESS FOR SERVICE PROVIDERS**

Service Providers must complete the following steps before requesting an appeal of an adverse action at the state level:

#### **3008.4.1 STEP 1: INFORMAL REVIEW WITH THE AAA**

(a) The Service Provider must first discuss any questions, concerns or problems regarding an adverse action with a representative of the AAA. The Informal Review will take place at the AAA.

(b) The AAA representative shall prepare a written document for the Agency Review outlining the action being disputed and the data on which the action was based. A copy of this written document shall be made available to the service provider prior to the Agency Review.

(c) Within five days of the date of the Informal Review, the AAA representative shall provide the service provider a written notice of the decision reached on the issues raised at the Informal Review.

(d) The written notice shall be sent by certified mail, return receipt requested. The AAA representative must also inform the Service provider that an appeal of the decision made at the Informal Review may be submitted in writing to the executive director of the AAA.

#### **3008.4.2 STEP 2: AGENCY REVIEW**

(a) The Service Provider's request for an Agency Review of the AAA decision must be made in writing and submitted to the AAA, within eighteen days of the date of the decision made at the Informal Review. The written request shall include a detailed explanation of the service provider's grievance.

(b) The executive director or designee is to conduct the AAA review at the AAA office.

(c) The AAA shall complete the following:

(1) schedule the Agency Review and notify the service provider of the date, time and location of the Agency Review, within eighteen days of the receipt of the request for an Agency Review;

(2) prepare a written document for the Agency Review outlining the action being disputed and the data on which the action was based. A copy of this written document shall be made available to the service provider, at least eighteen days prior to the Agency Review; and

(3) give the service provider the opportunity to testify, present supporting materials, explain the reason for the disagreement with the action or decision, and state what would be an acceptable alternative.

(d) Following the Agency Review, the Executive Director or Designee conducting the Agency Review will consider the comments and written documentation provided by the service provider.

(e) Within five days from date of the Agency Review, the executive director or designee will prepare and send a written notice of the final decision to the service provider. The written notice of the final decision will be sent to the service provider by certified mail, return receipt requested.

(f) The final decision will include the findings of fact, the specific reason for the decision, and information concerning the service provider's right to appeal the decision at the state level, if dissatisfied with the AAA's final decision.

#### **3008.4.3 STEP 3: APPEAL HEARINGS AT THE STATE LEVEL (DDRS)**

(a) If a service provider is dissatisfied with the decision reached at the agency review, the service provider may appeal the decision by requesting a hearing at the state level **(DDRS)**.

(b) Before seeking an appeal at the state level (**DDRS**), the service provider must have adhered to and complied with the AAA's established policy and Procedures on the appeal process for:

- (1) service providers who are denied funding;
- (2) service providers whose subgrant, contract, or agreement has been terminated; and
- (3) other decisions that adversely affect a service provider.

(c) The service provider must make a written request for an appeal hearing to the Director of the **FSSA DA** within eighteen days of the date of the Agency Review final decision. The FSSA DA Director shall transmit the appeal request to the **DDRS** Director in a timely manner.

(d) The request shall include a statement regarding the issues the service provider wishes to be reviewed and must be signed and dated by the service provider. Appeal Hearing requests shall be addressed to:

Director  
**FSSA DIVISION OF AGING**  
402 W. Washington Street  
P.O. Box 7083 – MS21  
Indianapolis, Indiana  
46207-7083

(e) Appeal hearings will be conducted by an Administrative Law Judge (ALJ), designated by the Director **of DDRS**. The hearing procedures used **by DDRS** shall be held in accordance with Indiana Code 4-21.5.

## 3009 AAA APPEAL PROCESS

**CHART 7**

<b>Client/Applicant Appeal of an Adverse Action Taken by an AAA</b>	<b>Rights of Client/ Applicant Applying For or Receiving Pre- Admission Screening Services (IPAS) or Pre- Admission Screening and Resident Review Services (PASRR)</b>	<b>Service Provider Appeal of an Adverse Action Taken by an AAA</b>
1. If appropriately requested by the client/applicant, hold an Informal Review conducted by the Case Manager Supervisor at the AAA or the client's home or a mutually acceptable location. The Case Manager Supervisor issues a written notice of the decision within 5 days of the Informal Review. The written notice details the final decision and contains information about further appeal Procedures.	1. The client/applicant shall submit a written request for an appeal reconsideration of an adverse action to the appropriate Pre-Admission Screening Agency.	1. If appropriately requested by an effected entity, hold an Informal Review conducted by a representative of the AAA. The AAA representative issues a written notice of the decision within 5 days of the Informal Review. The written notice details the final decision and contains information about further appeal procedures.
2. If appropriately requested by the client/applicant, hold an Agency Review, conducted by the AAA director or designee. The AAA director issues a written notice of the decision within 5 days of the Agency Review. The written notice details the final decision and contains information about appeal procedures.	2. If appropriately requested by the client/applicant, the State will conduct an appeal hearing.	2. If appropriately requested by an affected entity, hold an Agency Review, conducted by the AAA director or designee. The AAA director issues a written notice of the decision within 5 days of the Informal Review. The written notice details the final decision and contains information about appeal Procedures.
3. If appropriately requested by the client/ applicant, the <b>DDRS</b> will hold an Administrative Hearing with an Administrative Law Judge (ALJ) assigned by the <b>DDRS</b> Director.		3. If appropriately requested by an affected entity, <b>DDRS</b> will hold an Administrative Review with an Administrative Law Judge (ALJ) assigned by the <b>DDRS</b> Director.